CARLISLE INDIAN INDUSTRIAL SCHOOL DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT Hodder White Earth Chippewa Mary Hodder, Delroit, Minn PARENTS LIVING OR DEAD TO COUNTRY PATRONS NAME AND ADDRESS FROM COUNTRY Deserted Months in school before Carlisli 12 Episeopel Church Mile to Gul. school

Department of the Interior.



Mr. M. Friedman

Present Occupation Farmer.

Supt. U. S. Indian School

Carlisle

6-3305

Remarks:

Pennsylvania

335	Feb.	8.	, 191 4
Name Jamy	L. Addu une by which enrolled and also present	or married name.)
Tribe Chip	pawa		
Present Address	Ponsford 1	Mins	resorta
Former Address	Detroit	min	mesoa
	Address from which we heard from you	last.)	

3755 5-192 a

BRIEF.

APPLICATION OF
Mary Hodder
FOR THE ENROLLMENT OF
Harry Hodder
IN THE INDIAN SCHOOL AT
Carlisle, Penn.
NAME OF AGENCY FROM WHICH PUPIL CAME:
White Earth, Minn.
Date of enrollment,, 191
Term of enrollment, () years.
NAME OF COLLECTING AGENT:
<u></u>
Position,

APPLICATION FOR ENROLLMENT IN A NONRESERVATION SCHOOL.

(For a child enrolled at an Agency.)

	tied States Inc	dian School at	Darlisler Per	on.
Harry Hodde (Name of child.)	er	;, M	date of birt.	Dec,1,1895.
(Tribe.)				
NAME OF FATHER. (Both Indian and English.)	LIVING OR DEAD.	TRIBE.	BAN	DEGREE OF INDIAN BLOOD.
Frank Hodder NAME OF MOTHER.	living	Chipp.	340038 HDS	White
Mary Hoddor	living	Chipp.	boll virall	1/2
NAME OF SCHOOL.	DATE OF ENROLLMENT.	DATE OF DISCHARGE.	CAUSE.	GRADE.
Ponsford Dist rehor	0 1903	1909	no	4 TE
Detroit	Syst 17	707	210,	8 02

PHYSICIAN'S CERTIFICATE.

I hereby certify that I have this day carefully examined the above-named child herein proposed for transfer and find to be in proper physical condition to attend school, and not afflicted with tuberculosis or any disease which would be a menace to the health of other pupils.

This / O day of July, 191 2
Physician at While Cart Ager
CERTIFICATE OF AGENT OR BONDED SUPERINTENDENT.
I hereby certify that the statements made in the foregoing application and certificate, to the l
of my knowledge and belief, are true; that the consent of
was voluntary.
(Here state whether the child lives within reach of a public school, whether the State laws permit it to enroll therein, if it lives near the public school why it can not attend such school.)
I recommend the transfer of the said child.
This 15 day of July , 1912 D
Outros (D) Atractical
Agent or Superimentae
CERTIFICATE OF SCHOOL PHYSICIAN.
I hereby certify that on
I hereby certify that on
the foregoing application, and found to be
I therefore recommend that the said child be enrolled in this school.
This day of

SPECIAL NOTE.

This form must be executed in duplicate when a child is transferred from a reservation to a nonreservation school. The Superintendent of the nonreservation school will retain the original for his files, and the duplicate shall be deposited in the Agency records. The agent will then send to the Commissioner of Indian Affairs his certificate as provided by law. All the blanks must be properly filled in every case.

If the information called for on any part of the blank is not known, that fact should be stated. No space should be left unfilled. Whether the parents are living or dead, their names must be given.

The person who signs the blank as consenting to the transfer should indicate his relation to the applicant by marking out the word "parent," "guardian," or "next of kin," leaving unmarked only the title appropriate to the signer.

6-870

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School Physician.

INDORSEMENTS.

The laws relating to the transfer of Indian children from reservations and schools are as follows:

That hereafter no Indian child shall be sent from any Indian reservation to a school beyond the State or Territory in which said reservation is situated without the voluntary consent of the father or mother of such child if either of them are living, and if neither of them are living without the voluntary consent of the next of kin of such child. Such consent shall be made before the agent of the reservation, and he shall send to the Commissioner of Indian Affairs his certificate that such consent has been voluntarily given before such child shall be removed from such reservation. And it shall be unlawful for any Indian agent or other employee of the Government to induce, or seek to induce, by withholding rations or by other improper means, the parents or next of kin of any Indian to consent to the removal of any Indian child beyond the limits of any reservation. (28 Stats., p. 906.)

Provided, That hereafter no Indian child shall be taken from any school in any State or Territory to a school in any other State against its will or without the written consent of its parents. (29 Stats.,

p. 348.)

That no Indian pupil under the age of fourteen years shall be transported at Government expense to any Indian school beyond the limits of the State or Territory in which the parents of such child reside or of the adjoining State or Territory. (35 Stat. L., 781.)

The rules provide that—

A pupil who has been regularly enrolled in a nonreservation school must not be taken to any other nonreservation school without the consent of both Superintendents and the Commissioner of Indian Affairs, and superintendents will be held to strict accountability for such pupils taken to their schools.

An Indian boy or girl 18 years old and over may, without the consent of parents or others, personally sign the application form on its being changed to suit the case; but in all cases where the parents are living they should first be consulted.

This form is to be used only in transfers from reservations or Indian schools to nonreservation schools.

NAME A	ry c	Hodder.		Sex	Male.
Tribe Full	hiffe	wa State M	m	July 10	, 19/2
Age 17	yea	ers Respiration / /	, C	ondition of, Eyes	00
Height 5	ft. 8 in	ns. Insp.	36	Ears So	2
Weight	25 11	Mensuration { Exp.	32	Throat Jo	2
Temperature	785	Vaccination Le	1	Cervical glands 1	eg
Pulse 78	7	Vision Lood		Skin Clear,	0
Inspection	eg,				
Palpation ne	0				
Percussion 2	elg				
Auscultation 2	eg				
12	1				
Heart Show	y full	regular,		26	
(Menstruation)					
		FAMILY HIST	ORY.		
	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH	Τ.
		en o		OHONE OF BEHAVE	
Father	52	LOOK,	27		
Mother	3/	Soot,	3/,		
Brothers	/5	Dood			
	20	Jord			
Sisters				$\mathcal{O}_{\mathcal{T}}$	7
			6	Pertusis &	recession
Personal history					
Present condition	Goo	S			
			Pell		
				, ,	M. D.

This form is for the record of the physical condition of pupils of boarding or nonreservation Indian schools. It should be filled in by the school physician at the time of the admission of the pupil.

Physicians in the field should use this form to record the examination of pupils for transfer to nonreservation schools. It should accompany the pupils' transfer blanks.

The reverse side is intended as a card-index case-record for use by all Service physicians.

CASE RECORD, 5-354.	Nam	e Harry	Hadder		
Age 17 Se (On Dec. 1, 19)	ex { Male. Tre	ibe {Full} Cliff	Residence	Time Point	Minn

DATE.	SYMPTOMS.			SYMPTOMS.	TREATMENT.	DIAGNOSIS.	REMARKS.
19	т.	Р.	R.				History, progress, and termination of the disease.
				•			
							*
				404			
							, <i>Y</i> .
					,		

							6-

Y AND E'' ROCH.

563757 3**M-2-11**

NAME AT CARLISLE

3755 REPORT AFTER LEAVING CARLISLE
Harry Hodder

	PR	ES	ENT	NA	ME
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PRE	PRESENT NAME							
DATE	INFORMATION THROUGH	ADDRESS	OCCUPATION	ITEMS OF INTEREST	GRADE			
10 . 41	5000	Rustand minn.	Jasmos					
1107	Octo	Ponsford minn						