MOTHER Multus in school before Carliste, 63 Grade entered at Carlisle. Trade or Industry, Catholic 46 mi. to public school

| 3798 CARLISLE INDIAN SCHOOL | | | | | | | | | | | | |
|-------------------------------------|----------|----------|---|------|--|-------------|-----|----------------------------------|--------|-----------|---------------------------|---------------|
| Joodin | NAME. | Pau | l | AGE. | Li | TRIBE. | 1 | DEGREE OF INDIAN BLOOD. | VAT | ION, IF E | ency and R NROLLED; IF | NOT, |
| DATE ENTERED. Months in OR ROOM. | | | Distance to neares public school from pupil's home. | t | REMARKS. (Temporarily absent, outing, deserters, on sick leave, special authorities for enrollment, etc.) | | | | | | | |
| | 63 | 7 | _ | 46 | , | l'o Countr' | Y | FROM | I Cour | NTRY | DATE DISCI | HARGED |
| Sept. "15 | | | V | | | | | | | S | EP 14 | 1915 |
| | | | | | | | | | | | Carlo | olic 1620~ |
| Progre | ess from | n | (Dat | te) | | | , | to | | (Da | te) | -, |
| FIRST YEAR | IN THIS | SCHOOL | s | EPT. | ост. | NOV. | DEC | . JA | N. | FEB, | MAR. | APR. |
| Class or grade | | | ;* | | | | | | | | | |
| Industrial (De | partment | tanding | ;* | | | | | | | | | |
| Musical: Ban | | | | | | | | | | | | |
| Vocal | S | tanding | * | | | | | | | | | |
| Orchestra | S | standing | | | | | | | | | | + |
| Deportment | S | standing | * | | | | | | | | | |
| Physical cond | lition_ | | | | | | | | | | | |
| Remarks: | | | | | | <u></u> | | | | | | |

5-192 a



6-870

BRIEF.

| APPLICATION | N OF |
|--------------------------------------|-----------------------|
| John Reussi | middle |
| John Remes in | |
| Jane you | d dron |
| IN THE INDIAN SCHO | |
| Carlisle | Plum, |
| do hereby volunteerly conton's and a | (stining) and a local |
| NAME OF AGENCY FROM WHIC | |
| Struding R. | och ageney, |
| Date of enrollment, | , 191 |
| Term of enrollment, |) years. |
| | |
| NAME OF COLLECTING | AGENT: |
| | |
| Position, | |

APPLICATION FOR ENROLLMENT IN A NONRESERVATION SCHOOL.

(For a child enrolled at an Agency.)

For and in consideration of the Government of the United States assuming the care, education,

| Pacel Good (Name of child.) | (Iron, | ; In | ale ; date of | birth Sec. | 5-18957; |
|--|---|--------------------|--------------------|-----------------|----------------------------|
| Score (Tribe.) | | | | | |
| NAME OF FATHER. (Both Indian and English.) | LIVING OR DEAD, | TRIB | Е. | BAND. | DEGREE OF INDIAN BLOOD. |
| Gerome Good dron | | 1. | 1 | 70 00 | 1. 10 |
| NAME OF MOTHER. | dead | Suo | up see | the Bear | fuce |
| sucus Good Dron | n | | | | |
| makipiya | dead: | Sion | y See | the Bece | Jule |
| 0 | y. | and Frank | in, | | 0 |
| I, John Ruus in (Parent, guardian, or | middle | , do he | reby voluntarily | consent and agr | ree to his |
| | | 71, | | | |
| prollment in said school for | a period of _ | (Not less than 3. | years, and als | so obligate mys | elf to abide by |
| I the rules and regulations | for Indian so | hoola | | | |
| | | choors. | | | |
| The said child has been | | | schools: | | |
| The said child has been | | | schools: | | GRADE. |
| | enrolled in th | DATE OF | | ered Fry | |
| NAME OF SCHOOL. | enrolled in th | DATE OF | CAUSE. | ered Fry | |
| NAME OF SCHOOL. | enrolled in th | DATE OF | CAUSE. | ered Frig | |
| NAME OF SCHOOL. | enrolled in the | DATE OF | CAUSE. | ered Frig | |
| NAME OF SCHOOL. | enrolled in the | DATE OF | CAUSE. | red Fix | fik lik |
| NAME OF SCHOOL. | enrolled in the | DATE OF DISCHARGE. | trausfe trausfe | red Fing | fite let |
| NAME OF SCHOOL. | enrolled in the | DATE OF DISCHARGE. | trausfe trausfe | red Fing | fite let |
| NAME OF SCHOOL. | enrolled in the | DATE OF DISCHARGE. | trausfe trausfe | red Fing | fite let |
| NAME OF SCHOOL. | enrolled in the | DATE OF DISCHARGE. | trausfe trausfe | red Fing | fite let |
| NAME OF SCHOOL. Yorcupin Fort Julin France School Two witnesses: | enrolled in the DATE OF ENROLLMENT. 1902 1911 1913 | DATE OF DISCHARGE. | trausfe trausfe | red Fing | fite let |
| Jorcupius Fort Julin Frauer School | enrolled in the DATE OF ENROLLMENT. 1902 1911 1913 | DATE OF DISCHARGE. | trausfe trausfe | red Fing | other man |

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 27 day of \$1, 1914 |
| Oscar Q Duncan |
| Physician at Standing Rock Agency. |
| CERTIFICATE OF AGENT OR BONDED SUPERINTENDENT. |
| I hereby certify that the statements made in the foregoing application and certificate, to the best |
| of my knowledge and belief, are true; that the consent of John Kuns Mulles (Rarent, grandian, or next of kin.) |
| was voluntary. (Here state whether the child lives within reach of a public school, whether the State laws permit it to enroll therein, and if it lives near the public school why it can not attend such school.) |
| I recommend the transfer of the said child. This day of day of Albust Mucal Agent or Superintendent. |
| CERTIFICATE OF SCHOOL PHYSICIAN. |
| I hereby certify that on |
| I therefore recommend that the said child be enrolled in this school. |
| |
| This day of, 191 |
| School Physician. |
| SPECIAL NOTE. |

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.

blanks must be properly filled in every case.

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

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

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.

6-870

| | | | | 15% |
|--|------------|----------------------|---------|---|
| NAME | and Soon | d dron | | Sex { Male. Female. |
| Tribe $\left\{ \begin{array}{c} Full \\ \longleftarrow \end{array} \right\}$ | Sins | State North | Vahata | Oct 5 th , 19/4 |
| Age/_ | 8 years | Respiration /8 | | Condition of, Eyes Tsachana - |
| Height 6 | ft. / ins. | Mensuration Insp. 3 | 37 | Condition of, Eyes Sachona. hu had attention Ears Normal |
| Weight | 1674 lbs. | Mensuration Exp. 33 | 4 | Throat Myative |
| Temperature | 98. | Vaccination Position | ic | Cervical glands |
| Pulse | 72 | Vision Sora | • | skin acne |
| Inspection | | | | |
| Palpation 2 | yatine | | | |
| Percussion | 4 | | | |
| | | | | |
| Auscultation | 4 | | | |
| W1 | 9 | | | |
| Heart | | | | |
| (Menstruation) | | FAMILY HISTOR | Y. | |
| | LIVING. | CONDITION OF HEALTH. | DEAD. | CAUSE OF DEATH. |
| Father | | | yes. | Tuber culsois |
| Mother | | | Year | // // . |
| | (| | | |
| Brothers | / | Sort | | |
| Sisters | | | / | Infanoy |
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| Personal history | Muarlez, | | | |
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| *************************************** | | | | |
| Present condition | | | | |
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| | | | Valen , | Budtaff, M. D. |
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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.

| CA | SE | REC | ORD. | 5-3 | 54 |
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| | 1 | vame | | | |
|------|---------------------|----------------------------|---------------|---|--|
| Age | Sex { Male. Female. | Tribe ${Full \choose I}$. | Residence | | |
| (On, | 19) | | | • | |

| ATE. | | | SYMPTOMS. | TREATMENT. | DIAGNOSIS. | REMARKS. |
|------|----|----|-----------|------------|------------|--|
| 19 | T. | P. | R. | | | History, progress, and terminatio of the disease. |
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| NAME Jan | il Lo | odism | | Sex { Male. Female. |
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| Tribe { Full } | Sioney | State M. Na | K | Seft. 24 , 19/4 |
| Age/8 | уеа | rs Respiration Mon | eal c | ondition of, Eyes 400 |
| Height 6 | ftii | Mensuration | | Ears good |
| Weight 15 | 8 | 9 | 5 | Throat Enlarged tensi |
| Temperature | 98.6 24n | de Vaccination yes | | Cervical glands 9000 |
| Pulse 7 | 8 | Vision 70 | | Skin good |
| Inspection | mal | | | |
| Palpation M | ormal | | | |
| Percussion | ormal | / | | |
| | | | | |
| Auscultation | round | / | | |
| | ***************** | | | |
| Heart | ormal | | | |
| (Menstruation) | | | | |
| | | FAMILY HISTORY | ·. | |
| | LIVING. | CONDITION OF HEALTH. | DEAD. | CAUSE OF DEATH. |
| Father | | | v | Inberculesis, |
| Mother | | | 1 | |
| | v | good | | L. |
| Brothers Me_ { | | | | |
| | | | 2 | dies in infancy |
| Sisters_OV4{ | | | | 7 |
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| Personal history | Mas | had not sufere | o yes | he soleges |
| two je | ars agr |) <u>e</u> | | |
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| Present condition | Nas 9 | unsy at frese | it who | it account for |
| laise. | n les | mfisting | | |
| | | | | Duncan, M. D. |
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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.

| CASE | RECORD. | 5 354 |
|------|----------|--------|
| UMOL | REGUELD. | J 33%. |

| CASE RECORD, 5-354. | | | | | Name | Name | | | | | | |
|---------------------|---------|----|----------|---|---|----------------|-----------|------------|--|--|--|--|
| Age | | | | 1 | $Sex \left\{ egin{array}{ll} Male. & Tribe \left\{ egin{array}{ll} Full \\ I \end{array} ight\}$ | Tribe { Full } | | | | | | |
| (On | On, 19) | | | | | | | | | | | |
| DATI | E. | | | | SYMPTOMS. | TR | REATMENT. | DIAGNOSIS. | REMARKS. | | | |
| 19 | - | T. | T. P. R. | | | | | | History, progress, and termination of the disease. | | | |
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134

Sept. 14th, 1915.

Mr. C. C. Covey, Superintendent, Standing Rock Agency, Fort Yetes, N. D.

Dear Mr. Covey:

Paul Good Iron was brought to my office this forenoon and a report was made that all efforts to keep him at work and in school are failing. When I questioned Paul about the charges he stated that he does not know himself whether he wants to settle down to earnest work or not. Believing that time cannot be given to such a young man it is being arranged to have him leave here this evening. At his request transportation for his passage to Shields, North Dakota, will be procured for his use and he has advised me that he will be but two miles distant from his grandfather's home when he arrives at that station.

I am sorry to take such drastic action in this case, and only because Paul is old enough to know better is his dismissal being effected.

Very respectfully,

HKM.

Superintendent.

(Copy to Mr. Runs-in-the-Middle.)

PUPIL'S DENTAL RECORD.

| Name . | | Dar I you 10 | 2 mg | Age Ser M |
|---------|----------|--|--|------------------------------|
| | | | | sigo sow _F |
| School_ | | 11 | 1 | |
| Date of | exami | nation | un 2 | , 191 |
| | | 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 | 9 10 11 12 13 14 15 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 | 16 3 4 55 3 7 |
| NO. | SUB. NO. | CONDITION OF TEETH, AND WORK REQUIRED. | WORK ACTUALLY DONE. | DATE,)191 |
| 18 | 5 | and | Charles | Nec 17 |
| 10. | 4- | 2- | (President) | XIV. |
| 0) | 5 | 110 | (Paris) | |
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3798

DEPARTMENT OF THE INTERIOR

UNITED STATES INDIAN SERVICE

2530-15-225

STANDING ROCK INDIAN SCHOOL FORT YATES, - NORTH DAKOTA

June 26th, 1915,

Superintendent,

Standing Rock Agency, Fort Yates, N.D.

Dear Sir,

of \$44.34 to be placed to the credit of Paul Goodiron he Parmers
State Bank of Glen Ull Respectfully, r deposit to the credit
of Paul Goodiron.

W.H.M.

Supervisor in charge.

Very truly yours,

1-Encl. 6-17.

Superintendent.

DEPARTMENT OF THE INTERIOR

UNITED STATES INDIAN SERVICE

STANDING ROCK INDIAN SCHOOL FORT YATES, - NORTH DAKOTA 2530-15-225 W J P

JUN 22 1915

Mr. O. H. Lipps, Supt. Indian School, Carlisle, Pa.

Dear Sir:-

As recommended in your letter of June 11, 1915, I inclose check No.251 for \$44.34, payable to your order on the Farmers State Bank of Glen Ullin, N. D., for deposit to the credit of Paul Goodiron.

Very truly yours.

1-Encl. 6-17.

Superintendent.

Hande Do, Dovey,

DEPARTMENT OF THE

WJP

FORT YATES, - MORTH BAKOTA June 11th, 1915.

Mr. C. H. Dipps. Supervisor in charge.

Mr. Claude C. Covey,

Superintendent, Standing Rock Agency. Fort Yates, N. D.

My dear Sir: Iron a member of this agency who is

now a student of your school writes this office that he is

in need of money When Paul Good Iron was seen at this office relative to the need of money you mentioned in your favor of the 2nd instant he stated that he would like to have the lease money he thinks must have been received this last year. If such money has accumulated I would recommend that it be sent to me for Paul's use.

Very respectfully.

Superintendent.

HVM.

DEPARTMENT OF THE INTERIOR

UNITED STATES INDIAN SERVICE

STANDING ROCK INDIAN SCHOOL FORT YATES, & NORTH DAKOTA

WJP

Mr. O. H. Lipps. Supervisor in charge. Carlisle Indian School, JUN -2 1915 Carlisle, Pa.

Dear Sir:-

Paul Good Iron a member of this agency who is now a student of your school writes this office that he is in need of money. Please advise if the statment of Paul is correct and the amount required to meet his immediate use.

Very respectfully.

Superintendent.

622

Tease more

3798 134 Sept. 27th, 1915. Mr. C. C. Covey. Superintendent, Standing Rock Agency, Fort Yates, N. D. My dear Sir: I enclose herewith my check No. 320 in the amount of \$4.21, which represents the balance of the amount that was left here by Paul Good Iron to pay for his transportation home. Very respectfully, Encl. Superintendent. HKM.

Febr. 23rd, 1915.

Mr. John Runs the Center,

Shields, North Dakota.

My dear Sir:

Replying to your favor of February the 14th, this is to advise you that Paul Good Iron was enrolled at this school in the fall of 1914 for a three year period of enrolment, which necessitates his remaining at Carlisle until after the close of the school year in June of 1917.

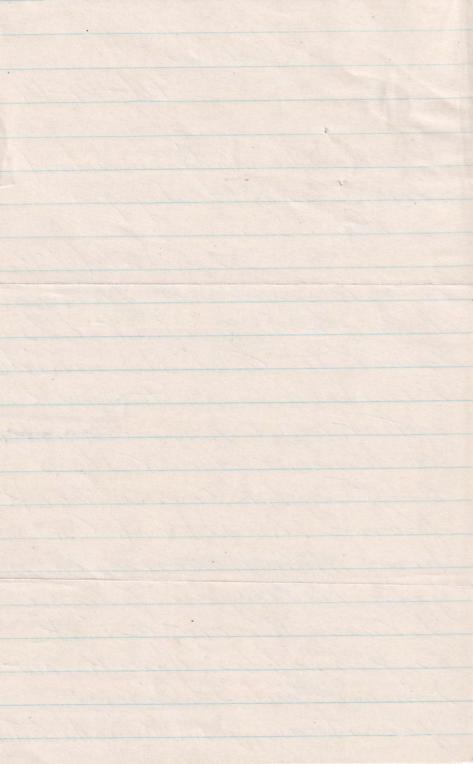
Assuring you that I will be pleased to have you write me regarding Paul at any time you desire information about him, I remain.

Very truly yours,

HKM.

Supervisor in Charge.

Bhields, N.W. 7eb-14-14 Garlisle Indian School Sur. Oscar H Sipps Dear Sir. I would like To ask you out through I had a boy that has went to Earliste which I would like to speek ofthat, what I would like If know about this boy right come back from the school Or how many more years Let me know quick as possible. you know I mean Paul Goodirone Yours truly John Runsthe center



Information regarding pupils to test eligibility and whether in need of Federal aid. Date of report April 27 Name of child Caul Goodiron Shields n. wak Degree of Indian blood full How many acres of land do you own 160. a. Location in Societ Country four miles each of Shields no Wakota What is the annual income from your land Newh for yearly 10 & alres Do you have any other income..... How much.... Is your father living Jerome Goodiron Home post office Degree of Indian blood full no How much land does he own I don't know . 1 dont What is the annual income from his land..... Does he have any other income_____ If so, how much_____ Does your father pay taxes on land or personal property. The Is your mother living Home post office Degree of Indian blood full Is she a citizen

How much land does your mother own 320, a.

What is its estimated value ___.

don't know

| Wat is the annual income from her land. I don't know. |
|---|
| Does she have any other income. |
| Propries to the second |
| If so, how much |
| Does your mother pay taxes on her land or on personal property. |
| With whom do you make your home my Grand parents |
| How many rooms in the house three |
| |
| How many live in the house five |
| How far is your home from nearest public school two miles and half |
| Why do you not attend that school they want one to go at |
| Why do you not attend that school they want me to go at flowerment because they didn't have enough money |
| How many teachers employed there two |
| How many grades maintained eighth grade |
| How many months of school each year Six months |
| Did you ever attend a public school |
| If so, how long |
| How many brothers of school age have you one and half brother |
| How many sisters of school age have you None |
| Are they in school yes |
| Where government School at Standing Rock, h. D. |
| Remarks and recommendations of superintendent with reference to eligibility and need of Federal aid: |
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| |
| Superintendent. |

Note.—One of these blanks should be filled out by each pupil at Government boarding schools, preferably with the assistance of the superintendent or some one designated to act as his representative. If the superintendent is of opinion from the information given that the pupil is entitled to enrollment he should so indicate by signing the blank in the proper place and filing in the individual pupil's folder. In the case of pupils concerning whose eligibility or need of Government aid there is some doubt, superintendents should make proper remarks and recommendations in the space indicated and forward the form to the Indian Office for consideration.

NAME AT CARLISLE Paul God Son

PRESENT NAME

| | INFORMATION | | | | 1 |
|------|------------------------|---------|------------|-------------------|-------|
| DATE | INFORMATION THROUGH | ADDRESS | OCCUPATION | ITEMS OF INTEREST | GRADE |
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