

435



5-192 a.

BRIEF.

APPLICATION OF

Peter Robb,

FOR THE ENROLLMENT OF

Addison P. Golden

IN THE INDIAN SCHOOL AT

Carlisle, Pa.,

NAME OF AGENCY FROM WHICH PUPIL CAME:

Date of enrollment, _____, 190

Term of enrollment, Five (5) years.

NAME OF COLLECTING AGENT:

Peter Robb's Application,

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, and maintenance in the United States Indian School at Carlisle Pennsylvania,

of Addison P. Golden ; male ; date of birth Nov. 15, 1898 ;

(Name of child.)

(Sex.)

Chippewa

(Tribe.)

NAME OF FATHER. (Both Indian and English.)	LIVING OR DEAD.	TRIBE.	BAND.	DEGREE OF INDIAN BLOOD.
<u>Golden,</u>	<u>living</u>	<u>white</u>		<u>4</u>
NAME OF MOTHER.				
<u>Maude Blanchor,</u>	<u>dead</u>	<u>Chippewa,</u>	<u>Lac Courte Oreille,</u>	<u>1/2</u>

I, Peter Robb, legal Guardian, do hereby voluntarily consent and agree to him

(Parent, guardian, or next of kin.)

enrollment in said school for a period of five (5) years, and also obligate myself to abide by all the rules and regulations for Indian schools.

(Not less than 3.)

The said child has been enrolled in the following schools:

NAME OF SCHOOL.	DATE OF ENROLLMENT.	DATE OF DISCHARGE.	CAUSE.	GRADE.
1. <u>Public schools,</u>				
2. <u>Chippewa Co. Wis.,</u>	<u>six years.</u>			<u>sixth,</u>
3.				
4.				

Peter Robb

(Parent, guardian, or next of kin.)

P. O. address: _____

Legal Guardian,
Cadotte,
Wis?

Two witnesses:

Frank E. Watson
Andrew Fandler

PHYSICIAN'S CERTIFICATE.

I hereby certify that I have this day carefully examined the above-named child herein proposed for transfer and find him 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 day of September, 1912

Philip Catterman

Physician at HAYWARD TRAINING SCHOOL, ~~Hayward~~
HAYWARD, WIS.

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 Peter Robb, legal Guardian,
(Parent, guardian, or next of kin.) was voluntary, and I recommend the transfer of the said child.

This 17th day of September, 1912.

Paul Light

~~Agent~~ Superintendent.

CERTIFICATE OF SCHOOL PHYSICIAN.

I hereby certify that on, I made a careful examination of the physical condition of, the child named in the foregoing application, and found to be

(As soon after arrival as possible.)

I therefore recommend that the said child be enrolled in this school.

This day of, 190.....

School Physician.

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.

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.)

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.

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

CARLISLE INDIAN INDUSTRIAL SCHOOL

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

4047

NUMBER 4869		ENGLISH NAME Addison O. Golden			AGENCY Hayward Co			NATION Chippewa		
BAND		INDIAN NAME			HOME ADDRESS Guardian Petu Robb Cadotte, Wis.					
PARENTS LIVING OR DEAD		BLOOD	AGE	HEIGHT	WEIGHT	FORCED INSP.	FORCED EXPR.	SEX.		
FATHER, L.	MOTHER, H	1/4	14	5-4 1/2	133 1/2	36	31	M.		
ARRIVED AT SCHOOL Oct. 30, 12		FOR WHAT PERIOD Five years.			DATE DISCHARGED Sept. 30, 1914		CAUSE OF DISCHARGE Termination of lease			
TO COUNTRY 6-8-14		PATRONS NAME AND ADDRESS Un lease						FROM COUNTRY		

THE SHAW-WALKER CO., MUSKOGEE 121071

Months in school before Carlisle, 600

Grade entered at Carlisle,

Grade at date of Discharge,

Trade or Industry,

Church, Catholic

Miles to school 1/4

455 new

NAME Addison P. Golden

Sex Male. Female.

Tribes { ~~Full~~ } ¹¹⁴ Chippewa State Wisconsin

Dec 18, 1912

Age 10 years

Respiration H

Condition of, Eyes Conj.

Height 5 ft. 4 1/2 ins.

Mensuration { Insp. 36

Ears ok

Weight 133 1/2 lbs.

Exp. 31

Throat ok

Temperature 99.3

Vaccination D.W. B-1912

Cervical glands ok

Pulse 72

Vision

Skin ok

Inspection Well Developed

Palpation ok

Percussion ok

Auscultation ok

Heart ok

(Mensuration)

FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father	yes	good		
Mother			yes	child birth
Brothers	0		0	
Sisters	0		0	

Personal history measles.

Present condition good

H. B. Foralio, 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.

✓ 4047

Mill St all, Pa

Dec. 29, 1914

Mr. O. H. Lipps

Carlisle Pa.

Dear Sir:—

I received your check for
Three dollars and six cents
(\$3.06) on the twenty fifth (25)
of December and was very
glad to receive it.

I did not know that I was a
working for wages that last
week that I was there at
school.

I am sorry that I did not write
to you as soon as I got up
here, for I found things so

different from what I expected that I went to work on a farm in a few days after I arrived here and have kept off writing to you.

I wish to thank you very much for sending me the money. Please let me know the price of "The Arrow" and "Red Man," as I feel real interested in the works of the school where I was once a student and passed ~~some~~ ^{many} happy hours

I will be very thankful
to know the school news
and will do all I can
to help the school at
most any time that I
can.

I remain.

Your grateful student.

Addison P. Golden

Mill Hill

R. F. D. #1

Pa.

4047

CARLISLE INDIAN SCHOOL

No. 4869	NAME.	AGE.	TRIBE.	DEGREE OF INDIAN BLOOD.	NAME OF AGENCY AND RESERVATION, IF ENROLLED; IF NOT, POST OFFICE OF FAMILY.		
	Addison P. Golden	14	Chippewa	1/4	Hayward, Wis		
DATE ENTERED.	Months in school before enrollment here.	IN WHAT GRADE OR ROOM.		Distance to nearest public school from pupil's home.	REMARKS. (Temporarily absent, outing, deserters, on sick leave, special authorities for enrollment, etc.)		
		On entering here.	At date of this report.				
Oct. 30, 1912	60			1/4 m.	To COUNTRY	FROM COUNTRY	DATE DISCHARGE
Sept. 1913			No. 8				
April 1914			No. 9		Leave 6-8-14		SEP 30 1914
							Catholic

Progress from _____, to _____, to _____, (Date) (Date)

FIRST YEAR IN THIS SCHOOL	SEPT.	OCT.	NOV.	DEC.	JAN.	FEB.	MAR.	APR.
Class or grade								
Academic..... standing*								
Industrial..... standing* (Department)								
Musical: Band..... standing*								
Vocal..... standing*								
Orchestra..... standing*								
Department..... standing*								
Physical condition								

Remarks:

4047

Dec. 19, 1914.

Mr. Addison Golden,
Howard, Pa.

My dear Addison:

I am enclosing herewith check No. 3481, in
the amount of \$3.06, which amount is due you for labor
performed at this school.

Very respectfully,

Supervisor in Charge.

LG