

4104

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5-192a

BRIEF.

D

APPLICATION OF

Yellow Kidney

FOR THE ENROLLMENT OF

Mike Yellow Kidney

IN THE INDIAN SCHOOL AT

Carlisle Pa

NAME OF AGENCY FROM WHICH PUPIL CAME:

Blackfeet Agency

Date of enrollment, _____, 191

Term of enrollment, _____ (_____) years.

NAME OF PERSON ARRANGING FOR THE TRANSFER:

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, Pa

of Mike Yellow Kidney; m; age 20; date of birth June 1894;
(Name of child.) (Sex.)
Piegaw
(Tribe.)

NAME OF FATHER. (Both Indian and English.)	LIVING OR DEAD.	TRIBE.	BAND.	DEGREE OF INDIAN BLOOD.
<u>Yellow Kidney</u>	<u>Living</u>	<u>Piegaw</u>		<u>Full</u>
NAME OF MOTHER.				
<u>Maggie Yellow Kidney</u>	<u>"</u>	<u>"</u>		<u>Full</u>

I, Yellow Kidney, do hereby voluntarily consent and agree to his
(Parent, guardian, or next of kin.)
 enrollment in said school for a period of three years, and also obligate myself to abide by
(Not less than 3.)
 all the rules and regulations for Indian schools.

The said child has been enrolled in the following schools:

NAME OF SCHOOL.	DATE OF ENROLLMENT.	DATE OF DISCHARGE.	CAUSE.	GRADE.
1. <u>Holy Family Mission</u>	<u>1903</u>	<u>1906</u>	<u>Transferred</u>	
2. <u>Out Bank School</u>	<u>1906</u>	<u>1907</u>		<u>Sixth</u>
3.				<u>his</u>
4.				

Yellow Kidney
(Parent, guardian, or next of kin.)

P. O. address: Boonville Mo

Two witnesses:

A. B. L. L. L.

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 8th day of March, 191

J. Reilly

Physician at *Browning* 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 *Yellow Kidney* was voluntary. (Parent, guardian, or next of kin.)

(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.)

Does not live within the reach of public school

I recommend the transfer of the said child.

This 7 day of March, 191

William E. Johnson
Agent or Superintendent.

CERTIFICATE OF SCHOOL PHYSICIAN.

I hereby certify that on (As soon after arrival as possible.) I made a careful examination of the physical condition of, the child named in the foregoing application, and found to be

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

This day of, 191

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 reservation school records. The reservation superintendent should 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.

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.

5-192a

BRIEF.

APPLICATION OF

Yellow Kidney

FOR THE ENROLLMENT OF

Mike Yellow Kidney

IN THE INDIAN SCHOOL AT

Carlisle, Pa.

NAME OF AGENCY FROM WHICH PUPIL CAME:

Date of enrollment, _____, 191

Term of enrollment, _____ (_____) years.

NAME OF PERSON ARRANGING FOR THE TRANSFER:

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, Pa

of Mike Yellow Kidney; m; age 20; date of birth June 1894;
(Name of child.) (Sex.)
Pegau
(Tribe.)

NAME OF FATHER. (Both Indian and English.)	LIVING OR DEAD.	TRIBE.	BAND.	DEGREE OF INDIAN BLOOD.
<u>Yellow Kidney</u>	<u>Living</u>	<u>Pegau</u>		<u>Full</u>
<u>Maggie Yellow Kidney</u>	<u>"</u>	<u>"</u>		<u>"</u>
NAME OF MOTHER.				

I, Yellow Kidney, do hereby voluntarily consent and agree to his
(Parent, guardian, or next of kin.)
 enrollment in said school for a period of three years, and also obligate myself to abide by
(Not less than 3.)
 all the rules and regulations for Indian schools.

The said child has been enrolled in the following schools:

NAME OF SCHOOL.	DATE OF ENROLLMENT.	DATE OF DISCHARGE.	CAUSE.	GRADE.
<u>Holy Family Mission</u>	<u>1903</u>	<u>1906</u>	<u>Transferred</u>	
<u>Cut Bank School</u>	<u>1906</u>	<u>1907</u>		<u>Sixth</u>
3.				
1.				<u>his</u>

Yellow Kidney
(Parent, guardian, or next of kin.)
 P. O. address: Bozoning
Montana mark

Two witnesses:

A. C. M. Latulipe

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 8 day of March, 1914

J. Reilly

Physician at Browning 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 Yellow Kidney (Parent, guardian, 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.)

Does not live within reach of public schools.

I recommend the transfer of the said child.

This 7 day of March, 1914

Arthur M. J. [Signature] Agent or Superintendent.

CERTIFICATE OF SCHOOL PHYSICIAN.

I hereby certify that on (As soon after arrival as possible.) I made a careful examination of the physical condition of, the child named in the foregoing application, and found to be

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

This day of, 1914

School Physician.

SPECIAL NOTE.

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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.

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Yellow Kidney

FOR THE ENROLLMENT OF

Mike Yellow Kidney

IN THE INDIAN SCHOOL AT

Carlisle, Pa

NAME OF AGENCY FROM WHICH PUPIL CAME:

Date of enrollment, _____, 191

Term of enrollment, _____ (_____) years.

NAME OF PERSON ARRANGING FOR THE TRANSFER:

Position, _____

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of Mike Yellow Kidney; m; age 20; date of birth June 1894;
(Name of child.) (Sex.)
Pigan
(Tribe.)

NAME OF FATHER. <small>(Both Indian and English.)</small>	LIVING OR DEAD.	TRIBE.	BAND.	DEGREE OF INDIAN BLOOD.
<u>Yellow Kidney</u>	<u>Living</u>	<u>Pigan</u>		<u>Full</u>
<u>Maggie Yellow Kidney</u>	<u>"</u>	<u>"</u>		<u>"</u>

I, Yellow Kidney, do hereby voluntarily consent and agree to his
(Parent, guardian, or next of kin.)
 enrollment in said school for a period of three years, and also obligate myself to abide by
(Not less than 3.)
 all the rules and regulations for Indian schools.

The said child has been enrolled in the following schools:

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<u>Out Back School</u>	<u>1906</u>	<u>1907</u>		
3.				
4.				

his
Yellow Kidney
(Parent, guardian, or next of kin.)
 P. O. address: Browning
Montana

Two witnesses:

A. M. Gatzke

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 8 day of March, 191

Francis Reilly

Physician at Browning 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 Yellow Kidney (Parent, guardian, 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.)

Does not live within reach of public school

I recommend the transfer of the said child.

This 7 day of March, 191

Arthur E. M. Satchler

Agent or Superintendent.

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CARLISLE INDIAN INDUSTRIAL SCHOOL

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

4104

NUMBER 5175-	ENGLISH NAME Mike Yellow Kidney Blackfeet	AGENCY	NATION Blackfeet					
BAND	INDIAN NAME	HOME ADDRESS Father - Yellow Kidney, Browning, Mont. Family, Mont.						
PARENTS LIVING OR DEAD	BLOOD	AGE	HEIGHT	WEIGHT	FORCED INSP.	FORCED EXPR.	SEX.	
FATHER, <i>L</i>	MOTHER, <i>L</i>	<i>full</i>	<i>21</i>	<i>5-10</i>	<i>150</i>	<i>33</i>	<i>30</i>	<i>M</i>
ARRIVED AT SCHOOL <i>Mar. 12, 1914</i>	FOR WHAT PERIOD <i>Three years</i>	DATE DISCHARGED <i>Sept. 30, 1914</i>	CAUSE OF DISCHARGE <i>Deserter</i>					
TO COUNTRY <i>6-4-14</i>	PATRONS NAME AND ADDRESS <i>Ran</i>					FROM COUNTRY		

THE SHAW-WALKER CO., MINNEAPOLIS 121071

Months in school before Carlisle, *45 months*

Grade entered at Carlisle,

Grade at date of Discharge,

Trade or Industry,

Church, *Catholic*

3.0 miles to public school

NAME Mike Yellow Kidney Sex Male Female

Tribes Full Blackfoot State Montana Date Mar. 11, 1914

Age 21 years Respiration 20 Condition of, Eyes Normal

Height 5 ft. 10 ins. Mensuration { Insp. 38 1/2 Ears Negative

Weight 146 lbs. { Exp. 34 1/2 Throat 4

Temperature 98 Vaccination Negative - Performed Cervical glands 4

Pulse 60 Vision Good Skin 4

Inspection Good development

Palpation Negative

Percussion Percussion note duller over st. apex

Auscultation Negative

Heart Negative

(Menstruation)

FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father	yes	good health		
Mother	yes	" "		
Brothers	2	" "		
Sisters	1	good health		

Personal history chicken pox,

Present condition good health

Walter Pundtuff, 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.

NAME Mike Yellow-Kidney Sex Male. Female.

Tribe Full Part Pegon State Montana March 8, 1911

Age 21 years Respiration 70 Condition of Eyes Green

Height 5 ft. 10 ins. Mensuration { Insp. 33 Ears 1

Weight 150 lbs. { Exp. 30 Throat _____

Temperature 98.3/5 Vaccination no Cervical glands Not felt

Pulse 72 Vision _____ Skin Good

Inspection Fair

Palpation Normal

Percussion _____

Auscultation _____

Heart _____

(Menstruation) _____

FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father	<u>Yes</u>			
Mother	<u>1</u>			
Brothers	<u>1</u>			
Sisters				

Personal history _____

Present condition _____

Francis Reilly, 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.

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