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BRIEF

Application of

FOR THE ENROLLMENT OF

Ada Barnett

IN THE INDIAN SCHOOL AT

Carlisle, Pennsylvania

NAME OF AGENCY FROM WHICH PUPIL CAME:

Date of enrollment..... 191.....

Term of enrollment..... (.....) years

Application for Enrollment in a Non-Reservation 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, Penn

of Ada P. Barnett ¹¹ 1900 ; date of birth 1900
(Name of Child) (Sex)

(Tribe)

NAME OF FATHER <small>(Both Indian and English)</small>	Living or Dead	TRIBE	BAND	DEGREE OF INDIAN BLOOD
<u>George Barnett</u>	<u>Dead</u>	<u>Creek,</u>		<u>1/2</u>
<small>NAME OF MOTHER</small>				
<u>Hattie Barnett Smig</u>		<u>N/C</u>		

I, J. C. Harrell ^{Guardian}, do hereby voluntarily consent and agree to her,

enrollment in said school for a period of 3 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
<u>Covanta Mimi Borcham Tr</u>		<u>12/20/13</u>	<u>Wanted to put her in Carlisle</u>	<u>8th</u>

J. C. Harrell

(Parent, guardian, or next of kin)

P. O. address: Wagoner Okla

Two Witnesses:

H. H. House

Jan-14-1914

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.....day of....., 19.....

.....

Physician atAgency.

CERTIFICATE OF AGENT OR 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.....
(Parent, guardian, or next of kin.)
was voluntary, and I recommend the transfer of said child.

This.....day of....., 19.....

.....

Agent or Superintendent.

SPECIAL NOTE.

This form must be executed in duplicate when a child is transferred from a reservation to a non-reservation 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.

NOTE.—Age limits, fourteen to twenty years. Preferably fourteen to eighteen. Students must be at least one-fourth Indian, preferably full Indian. Special cases beyond the age limit will be given consideration. An industrial course only can be taken and the term reduced to three years, in exceptional cases.

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 is living, and if neither of them is 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 employe 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.

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CARLISLE INDIAN INDUSTRIAL SCHOOL

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER 2943	ENGLISH NAME Ada Barnett	AGENCY	NATION Creek					
BAND	INDIAN NAME	HOME ADDRESS guard: J. C. Hanill, Wagoner, Okla.						
PARENTS LIVING OR DEAD		BLOOD	AGE	HEIGHT	WEIGHT	FORCED INSP.	FORCED EXPR.	SEX.
FATHER, <i>L</i>	MOTHER, <i>L</i>	<i>1/8</i>	<i>14</i>	<i>5-1</i>	<i>108 1/4</i>	<i>32</i>	<i>29</i>	<i>F</i>
ARRIVED AT SCHOOL <i>Jan. 19, 1914</i>	FOR WHAT PERIOD <i>Three years.</i>	DATE DISCHARGED <i>Jan. 26-14</i>		CAUSE OF DISCHARGE <i>mother's request.</i>				
TO COUNTRY	PATRONS NAME AND ADDRESS						FROM COUNTRY	

THE SHAW-WALKER CO. - MILWAUKEE 121021

Months in school before *7 yrs*
2 miles to public school
 Grade entered at *Grade*
 Grade at date of Discharge, *Grade*
 Trade or Industry, *Trade*
 Church, *Methodist*

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NAME *Kathrine Ada. Barrett*

Sex Male. Female.

Tribes III IV *Creek.* State *Okla.*

Jan. 19, 1914.

Age *14.* years

Respiration *20.*

Condition of, Eyes *Normal*

Height *5 ft. 1 ins.*

Mensuration Insp. *32*

Ears *Negative*

Weight *108 1/4* lbs.

Exp. *29*

Throat *"*

Temperature *97.*

Vaccination *Positive*

Cervical glands *"*

Pulse *106*

Vision *Good*

Skin *"*

Inspection *Negative*

Palpation *"*

Percussion *"*

Auscultation *"*

Heart *"*

(Menstruation) *Normal*

FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father	<i>No.</i>			<i>Tuberculosis.</i>
Mother	<i>Yes.</i>	<i>Good.</i>		
Brothers <i>2.</i>	<i>"</i>	<i>"</i>	<i>None.</i>	
Sisters <i>1.</i>	<i>"</i>	<i>"</i>	<i>1</i>	<i>unknown.</i>

Personal history *Measles, Whooping cough.*

Present condition *Good*

Walter Pundtorff, 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.

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CARLISLE INDIAN SCHOOL

No. <i>2943</i>	NAME. <i>Aida Barnette</i>	AGE. <i>14</i>	TRIBE. <i>Creek</i>	DEGREE OF INDIAN BLOOD. <i>1/8</i>	NAME OF AGENCY AND RESERVATION, IF ENROLLED; IF NOT, POST OFFICE OF FAMILY. <i>Haskell, Okla.</i>
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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.			To COUNTRY	FROM COUNTRY
<i>Jan. 19, 14</i>	<i>70</i>		<i>1012</i>	<i>2</i>			
							<i>meth</i>

Progress from _____ 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:

