												4/62
NAME. Mayn	ne to	tall		TRI	BE. hips	bewa	_	PAF	RENT OR GUA	RDIAN.	nary	
Mayn DATE ENPOLLED. Sept. 1.	4,19	11	TERM.	bree	year	kewa	AGE. 16	100000	ME ADDRESS			Hall Bayfield, Wis.
V	ACADEMIC DEPARTMENT.			INDUSTRIAL DEPARTMENT.		DORMITORY.		OUTING		SPECIAL REMARKS.		
DATE OF RECORD	ROOM NO.	Scholarship	Conduct.	Shop.	Ability.	Conduct.	Room No.	Neatness	Conduct,	Ability.	Conduct	
Dec. 11.				Gen	8.	· 8.	110.	F.	29			
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BRIEF.

APPLICATION OF
. 11. 11.0
Mary Hall
FOR THE ENROLLMENT OF
Manie Hall'
IN THE INDIAN SCHOOL AT
Corliste. Pa.
NAME OF AGENCY FROM WHICH PUPIL CAME:
La Vointe ague, His.
Date of enrollment,
Term of enrollment, (3) years
NAME OLLECTING AGENT:
Desition
Position,
6—870

APPLICATION FOR ENROLLMENT IN A NONRESERVATION SCHOOL.

(For a child enrolled at an Agency.)

M _{am} ie Hall		; female	; date of birthJu	ne 5 1806 :
(Name of child.) Chippewa (Tribe.)		(Sex.)		
NAME OF FATHER. (Both Indian and English.)	LIVING OR DEAD.	TRIBE.	BAND.	DEGREE OF INDIAN BLOOD.
James Hall	living	White		,
NAME OF MOTHER.	living	Chinnewa	Red Cliff	three-fou
21002	22,2110	Ontprove	ried orrit	6111-66-1011
I, Mary I (Parent, Section, of a rollment in said school for lithe rules and regulations) The said child has been	r a period of _	three ye	ears, and also obligate m	
arollment in said school for	r a period of _	three ye	ears, and also obligate m	
rollment in said school for the rules and regulations. The said child has been NAME OF SCHOOL.	r a period of _s for Indian sc enrolled in th	three ye (Not less than 3.) hools. e following school DATE OF DISCHARGE.	ears, and also obligate mass:	yself to abide by
The said child has been NAME OF SCHOOL. Bayfield Paroch	r a period of _s for Indian sc enrolled in th	three ye (Not less than 3.) hools. e following school DATE OF DISCHARGE.	ears, and also obligate mass:	yself to abide by
The said child has been NAME OF SCHOOL. Bayfield Paroch School. complete	r a period of _s for Indian sc enrolled in th	three ye (Not less than 3.) hools. e following school DATE OF DISCHARGE.	ears, and also obligate m	yself to abide by
The said child has been NAME OF SCHOOL. Bayfield Paroch School. complete	r a period of _s for Indian sc enrolled in th DATE OF ENROLLMENT. ial ted 7th gr	three ye (Not less than 3.) hools. e following school DATE OF DISCHARGE.	ears, and also obligate m	yself to abide by
The said child has been NAME OF SCHOOL. Bayfield Paroch School. complete	r a period of _s for Indian sc enrolled in th DATE OF ENROLLMENT. ial ted 7th gr	three ye (Not less than 3.) hools. e following school DATE OF DISCHARGE.	ears, and also obligate m is: cause. tend Carlisle.	yself to abide by
The said child has been NAME OF SCHOOL. Bayfield Paroch School. complete	r a period of _s for Indian so enrolled in the	three ye (Not less than 3.) hools. e following school DATE OF DISCHARGE.	cars, and also obligate m is: cause. Cause.	yself to abide by
The said child has been NAME OF SCHOOL. Bayfield Paroch School. complete	r a period of _s for Indian so enrolled in the	three ye (Not less than 3.) hools. e following school DATE OF DISCHARGE.	ears, and also obligate m is: cause. tend Carlisle.	grade.

PHYSICIAN'S CERTIFICATE.

I hereby certify that I have this day carefully examined the above-named child herein proposed
for transfer and find het 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 Seff , 190/
muy Carrier
Physician at Pulliff Agency.
Physician at Ver life Agency.
CERTIFICATE OF AGENT OR BONDED SUPERINTENDENT.
CENTIFICATE OF AGENT ON DONDED SOLEMNTENDENT.
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 Many Half
was voluntary, and I recommend the transfer of the said child.
This // day of Defil , 199/
a Welson I lall
J. W. Oungerees
A. W. Laufzhell Agent or Superintendent.
CERTIFICATE OF SCHOOL PHYSICIAN.
I hereby certify that on I I made a careful exami-
(As soon after arrival as possible.)
nation of the physical condition of M Quue Hall, the child named in
the foregoing application, and found herto be en good health
I therefore recommend that the said child be enrolled in this school.
10 lest 11
This day of the day of

SPECIAL NOTE.

School Physician.

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.

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; 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.

Mayne INDIAN NAME Bayt PARENTS LIVING OR DEAD Thru years. June 4, 1914 Qep. 14, 11 TO COUNTRY PATRONS NAME AND ADDRESS THE SHAW-WALKER CO., MUSKEGLN. 79104 Months in school before Carlisle. and ato Int C mile. t wastel Latheborge, a... Church.....

REPORT OF Manue Zall pupil of Carlisle Indian
School, who went 5-9-12 to live with Mrs. W. a. Mc Laughline (Patron)
of Glevolder (Post Office), Delanace, (County)
Ca Guard Railroad Station
Conduct Very good: always respectful
Health Very good
Ability God - Improving
Cleanliness Improving
Economy 7 Hours disections in cooking
Situation of Room ga flow: / windar Sleepsin pad room when hot.
Condition of Room
Condition of Clothing Lord
Wages #4 pu mv.
Are careful accounts kept by patron?
Are careful accounts kept by pupil?
Number of days at school
Distance to school 2 squares
Grade or quality of school Graded School.
Name and address of teacher
Qualifications of teacher
In what grade was pupil at Carlisle? Com 10
In what grade is pupil at present?
Attends what church and Sunday school? Catholic ; Family is Congregational.
Distance to church about a mile at hornord
Is there a Catholic church in locality? Yes - at homod.
Who compose patron's family? Mr. I Me Laughlin and 2 forp ages 4 and 6
What other help is employed? None.
Locality of home
Home life and environments
Trade at school.
Nature of work Level Lelper
Pupil's age And Experience

Any general statement or wisher place, people, and pupil:	s of patron or pu		

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11.70	
REPORT OF Manie Hall	
	pupil of Carlisle Indian
School, who went 4 9-13 to live with Mrs. D. OF Z	ppin Cott, (Patron)
of Moriestann n. J. (Post Office)	, , , , , , , , , , , , , , , , , , , ,
Mess (State) , Morestonne	(County) Railroad Station
Conduct Satisfactory to Mis appine	att in every respect
Health Gord	
Ability	
Cleanliness	
Economy	
Situation of Room	***************************************
Condition of Room	and the second s
Condition of Clothing	***************************************
Wages	magnetic to the state of the st
Are careful accounts kept by patron? 24.	
Are careful accounts kept by pupil?	
Number of days at school Began School Supt. 13	Regular in attendar
Distance to school about 5 or 6 294 ares	
Grade or quality of school Graded School	
Name and address of teacher	
Qualifications of teacher	
In what grade was pupil at Carlisle?	
In what grade is pupil at present?	
Attends what church and Sunday school? Catholic	
Distance to church	
Is there a Catholic church in locality? 40.	
is there a Cathone entiren in locality :	
Who compose patron's family? My Y Mus Lapainest!	
What other help is employed?	
Locality of home	
Home life and environments Quality	
Trade at school.	
Nature of work Guil Helses	
Pupil's age Experience	

Any general statement or wishes of patron or pupils, t place, people, and pupil:	ogether with Agent's estimate of
	•••••••••••••••••••••••••••••••••••••••

REPORT OF Manuel Hall	pupil of Carlisle Indian
School, who went \(\frac{1}{2} \frac{1}{2} \to \text{ live with } \(\frac{1}{2} \frac{1}{2} \)	Welsenoutt
(Date)	(Patron)
of (Post Office)	(County)
(Post Office) (State)	Railroad Station
Conduct	
Health Jacob	***************************************
Ability Ability	
Cleanliness	
Economy 2	
Situation of Room	
Condition of Room	
Condition of Clothing	
Wages #8 feer mes,	Transferred is
Are careful accounts kept by patron?	
Are careful accounts kept by pupil?	
Number of days at school	
Distance to school	
Grade or quality of school	***************************************
Name and address of teacher	
Qualifications of teacher	
In what grade was pupil at Carlisle?	***************************************
In what grade is pupil at present?	
Attends what church and Sunday school?	
Distance to church	
Is there a Catholic church in locality?	
Who compose patron's family? A - 4 2111	, /
What other help is employed?	
Locality of home	
Home life and environments	
Trade at school.	
Nature of work	e
Pupil's age / Experience.	

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			Charles and a large
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4162			C	ARLISL	EIN	DIAN SC	НОО	L			
No. 2663	NAME,	e Ho	all	AGE.	Chi	TRIBE.	va	DEGREE OF INDIAN BLOOD.	VATION, 1	AGENCY AND IF ENROLLED; OFFICE OF FA	IF NOT,
DATE ENTERED.	Months in School School before enrollment here. IN WHAT GRADE OR ROOM.							REMARKS. sent, outing, deserters, on sick leave, uthorities for enrollment, etc.)			
Sept 14/9/1						To Count	RY	FRO	COUNTRY	DATE DI	SCHARGED
90.7771						9 10-	is	5-	29-13	1 6-4	1-14
										Colh	alia
Progres	s from		(Date)	,		,	to		(Date)	,
FIRST YEAR I	N THIS	SCHOOL	SE	PT.	ост.	NOV.	DEC	. JAN	. FEE	B. MAR.	APR.
Class or grade											
Academic	st	anding?									
Industrial (Dep	St	anding?									
Musical: Band	l st	anding?									
Vocal											
Orchestra.	st	anding?		****			·				
Deportment	st	anding?									
Physical condi	tion										
Remarks:					-(Ž					

Address Box 107, Odanah, Wisconsin.

Information from Date Nov. 1914. herself Tribe State Agency SUITABILITY IN ORDER NAMED. POSITIONS FOR WHICH LISTED.

2. 1.

3. 4.

Remarks: Desires position as Assistant Matron in the Service

563757 3M-2-11

mayne Hall

PRESENT NAME										
DATE	INFORMATION THROUGH	ADDRESS	OCCUPATION	ITEMS OF INTEREST	GRADE					
		-								

Name of Student Mayne Home Address Mary Hall-Bayfield, Tribe Chippewa Age at Entrance 16 Date of 9 - 14 - 11 Shop JAN. FEB. MAR. APR. MAY JUNE JULY AUG. SEPT. OCT. NOV. DEC. Days in School Conduct Ability Grade of Home Church Health Date of Outing 4-10-12 Pate Returned 5-2-12 Wages Earnings The a. Mc Laughlin Henolden, Ca. 5.2-10 9-12-12 D. R. Lippincott. moorestown m.g. 11-28-13 4-9-14

OUTING RECORD - CARLISLE INDUSTRIAL SCHOOL

Age at Entrance Patron Address	Date of Entrance	Shor															and deposit of the same
)		JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL OR AVERAGE
Address			Locality	Days in School													*
		R.	R. Station	Conduct													
Recommended by			Grade in School	Ability													
Grade of Home		Church	,	Health													
Date of Outing	Date Returned	Wag	es	Earnings													8

October 6th, 1913.

Mr. D. R. Lippincott,

Moorestown, N.J.

Sir,

There is enclosed herewith check for 1.13 which please have
Mamie Hall sign and return to me to pay her optical bill.

Respectfully,

W.H.M.

Superintendent,

NAME Ma		Hall		Sex { Male. Female.
Tribe Full	hipp	ewa State Wis	***************************************	Sept, 16 , 19/1
Age /6	yei	ars Respiration		Condition of, Eyes
Height 5	ft. 7		3	Ears Ok/
Weight 13/		mensuration { Exp	0	Throat Tons, Enlarged
Temperature	99	Vaccination 9-16	-11	Cervical glands OR
Pulse 8	2			Skin Ok
Inspection (k)			
Palpation (R			
Percussion (k			
Auscultation (2KI			
,	0 0			
Heart C	p be	it rapid		
(Menstruation)	Xxx.	·		
		FAMILY HISTORY	γ.	
	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
	P	Gund		
Father				
Mother	<i>b</i>	<i>"</i>	/	Ezema
Brothers	J		/	gema
			,	22 - 7
Sisters	J	//		Brain Jenes
Personal history	Poses	(monia)	mens	les, all ordinary
cheld a	11001	l-A		
W. C. C.	Je Marie Mar		,	
Present condition	y	l		
Present condition	V -0	the	A	
			70	1. 2/-
	,		Clue	VIEL , 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 REC	ORD,	5—3	5.4.	Name				
Age				$Sex \left\{ egin{array}{ll} Male. & Tribe \left\{ egin{array}{ll} Full \\ I/ \end{array} ight\} \end{array} ight.$		Residence		
(On								
DATE. 19 T. P. R.		SYMPTOMS.		TREATMENT.	DIAGNOSIS.	REMARKS.		
		R.	2				History, progress, and termination of the disease.	
				Examined m	nav. 14, 1912	for Outing	Ok 1	Ry Dr. Frales
					W/1/9/2		0, K.	word & car
							0	
								
		-						
		-			·			
								6—1955

PUPIL'S HEALTH REPORT.

This blank is issued so that the school authorities may keep in touch with the health of the pupil. The patron is requested to fill this blank out on the first of MAY, JULY, SEPTEMBER, NOVEMBER, JANUARY, and MARCH, and send it to the school with the outing report for the month.

Patron's name and address Mrs DR Supprucost Moveelown M
Pupil's name Mayne Hall
General health of the pupil. God
Has pupil been ill the past two months? No
Name of disease
Name and address of the physician in attendance
Does the pupil have a cough? No
For how long has he had it?
Give the pupil's weight
Has the pupil any trouble with the eyes? No
Are the eyelids inflamed?
Remarks:
Date // - 6 - 73 In cases of serious illness, notify the school at once and have the physician in attendance send in a written report of the case.