

CARLISLE INDIAN INDUSTRIAL SCHOOL
 DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

4167

NUMBER 22-51 2669	ENGLISH NAME Rosa Janis	AGENCY Pine Ridge	NATION Sioux					
BAND Oglala	INDIAN NAME	HOME ADDRESS Rick Janis, Pine Ridge, P.D.						
PARENTS LIVING OR DEAD	BLOOD	AGE	HEIGHT	WEIGHT	FORCED INSP.	FORCED EPXR.	SEX.	
FATHER, S.	MOTHER, S.	1/2	16	5-4	122	35	31	M.
ARRIVED AT SCHOOL Sep. 17.11	FOR WHAT PERIOD Three years	DATE DISCHARGED June 4, 1914	CAUSE OF DISCHARGE Time out					
TO COUNTRY	PATRONS NAME AND ADDRESS					FROM COUNTRY		
4-10-12	Mrs P. J. Kirk, Nottingham, Pa.					8-30-12.		
4-10-13	Mary Wilson Oxford Pa.					2.		
5-3-13	R. P. Schilling, Decare, Pa.					8-30-13		

THE SHAW-WALKER CO., MUSKOGEE, 79104

Months in school before Carlisle, 45

Grade entered at Carlisle,

Grade at date of Discharge,

Trade or Industry,

Church,

CARLISLE INDIAN SCHOOL

4167

No. 2669

NAME.

AGE.

TRIBE.

DEGREE OF INDIAN BLOOD.

NAME OF AGENCY AND RESERVATION, IF ENROLLED; IF NOT, POST OFFICE OF FAMILY.

Rosa Janis

16

Sioux

$\frac{1}{2}$

Pine Ridge S. D.

Months in school before enrollment here.

IN WHAT GRADE OR ROOM.

On entering here.

At date of this report.

Distance to nearest public school from pupil's home.

REMARKS.

(Temporarily absent, outing, deserters, on sick leave, special authorities for enrollment, etc.)

DATE ENTERED.

45

No. 6

No. 7

TO COUNTRY

FROM COUNTRY

DATE DISCHARGED

Sept 17, 1911

8-20-13

6-4-14

Sept. 1913

April 1914.

Catholic

~ 1639 ~

Progress from _____ (Date) _____ to _____ (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*

Deportment _____ standing*

Physical condition _____

Remarks: _____

488

5-192 a.

BRIEF.

APPLICATION OF

Nick Janis

FOR THE ENROLLMENT OF

Rosa Janis

IN THE INDIAN SCHOOL AT

Carlisle

NAME OF AGENCY FROM WHICH PUPIL CAME:

Pine Ridge Agency, S. D.

Date of enrollment, Sept. 14, 1911, 190

Term of enrollment, three (3) years.

NAME OF COLLECTING AGENT:

Louis Deon

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

of **Rosa Janis** _____; **f** _____; date of birth **May**, **1895** _____;
(Name of child.) (Sex.)

S Sioux

(Tribe.)

NAME OF FATHER. <small>(Both Indian and English.)</small>	LIVING OR DEAD.	TRIBE.	BAND.	DEGREE OF INDIAN BLOOD.
Nick Janis	living	Sioux	Oglala	half
NAME OF MOTHER.	"	"	"	"
Emma Janis	"	"	"	"

I, **Nick Janis** _____, do hereby voluntarily consent and agree to **finish**
(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. O. B. School	1906	1911	age	4
2.				
3.				
4.				

Nick Janis
(Parent, guardian, or next of kin.)

P. O. address: **Pine Ridge, S. D.**

Two witnesses:

PHYSICIAN'S CERTIFICATE.

I hereby certify that I have this day carefully examined the above-named child herein proposed for transfer and find ~~Kiher~~ 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 14th day of Sept., 1911, 190

J. B. Waen
Physician at Pine Ridge 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 Nick Janis (Parent, guardian, or next of kin.) was voluntary, and I recommend the transfer of the said child.

This 14th day of Sept., 1911, 190

John A. Ruman
Agent or Superintendent.
XXXXX

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 _____

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.

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.

NAME Rose Janise Sex Male. Female.

Tribes ^{Full} 1/8 Sioux State South Dak. 9-19-, 1911

Age 16 years Respiration _____ Condition of, Eyes OK

Height 5 ft. 4 ins. Mensuration { Insp. 35 Ears OK

Weight 122 lbs. { Exp. 31 Throat OK

Temperature 99 Vaccination 9-19-11 Cervical glands OK

Pulse 87 Vision _____ Skin OK

Inspection Thin chested

Palpation OK

Percussion OK

Auscultation Exp. prolonged at both apices

Heart OK

(Menstruation) OK

FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father	<u>yes</u>	<u>Good</u>		
Mother	<u>yes</u>	<u>"</u>		
Brothers	<u>7</u>	<u>"</u>		
Sisters	<u>1</u>	<u>Poor</u>	<u>1</u>	<u>?</u>
	<u>3</u>	<u>Good</u>		

Personal history Never Sick. Sore Eyes

Present condition Fair

Elmer Hess, 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.

BRIEF.

May 7, 1922

Rosa Janis

A Sioux

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Carlisle

of **Rosa Janis** _____; **f** _____; date of birth **May , 1895** _____;

(Name of child.)

(Sex.)

A Sioux

(Tribe.)

NAME OF FATHER. (Both Indian and English.)	LIVING OR DEAD.	TRIBE.	BAND.	DEGREE OF INDIAN BLOOD.
Nick Janis	living	Sioux	Oglala	half
NAME OF MOTHER.				
Emma Janis	"	"	"	"

I, **Nick Janis** _____, do hereby voluntarily consent and agree to **Kisher** _____

(Parent, guardian, or next of kin.)

enrollment in said school for a period of **three** _____ years, and also obligate myself to abide by all the rules and regulations for Indian schools.

(Not less than 3.)

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(Parent, guardian, or next of kin.)

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This 14th day of Sept., 1911, 190

James B. Waasen M.D.
Physician at Pine Ridge Agency.

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John R. Deeman
~~Agent~~ Superintendent.

CERTIFICATE OF SCHOOL PHYSICIAN.

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sent
e P R
ord. filled
Feb. 2-1916
e P R

Pine Ridge
S. Dak.

Jan. 25, 1916

Emily J. Robitaille

4167

Carlisle, Ind., Sch
Pa

Dear Friend:

Your letter
has been received and
was surprise to hear
of the price. But I
need a sweater and
I can not find the
kind to suit me but
the Carlisle sweaters
so I will do my best
and send \$2.75 and I
will send you the rest
later for I have no
time to run around
after my pay just
now.

I am working here
at the Agency, and
I just have a little
time to write and
that's all.

Send the sweater
as soon as possible
for I need it, when
I am at work.

Respy.
Yours.

Miss Rose Janis

Pine Ridge.

S. D. Dak

OUTING RECORD - CARLISLE INDUSTRIAL SCHOOL

488

Name of Student

Rose Janis

Home Address

Rich Janis - Pine Ridge, S. D.

Tribe

Sion

Age at Entrance

16

Date of Entrance

9-17-'11

Shop

JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL OR AVERAGE
7	8	9	10	11	12	1	2	3	4	5	6	

Patron

Mrs. P. J. Kirk

Locality

Days in School

Address

Nottingham, Pa.

R. R. Station

Conduct

Recommended by

Grade in School

Ability

Grade of Home

Church

Health

Date of Outing

4-10-'12

Date Returned

8-30-'12

Wages

Earnings

g. g. g.
g. g. g.
g. g. g.
3.00 4. 4.

Marg. Wilson,
Oxford, Pa.

g. g.
g. g.
g. g.
4. 4.

g.
g.
g.

4-10-'13

Dr
5-3-'13

R. P. Schillinger
Secane, Pa.

5-3-'13

8-29-'13

488

May 27th, 1914.

Mr. Nick Janis,

Albany, Nebraska.

My dear Sir:

Your daughter Rose's period of enrolment at Carlisle will terminate at the close of school this week and arrangements are being completed to have her leave here for your home on June the 4th. Other girls whose periods of enrolment terminate this year will start for their homes on that date.

Will you please notify me when Rose has arrived at Gordon, to which point transportation for her use will be provided?

Very truly yours,

HKM.

Supervisor in Charge.

3 sub
Jan. 21-16
filled order
sub. 2-1916
PK

4167

Pine Ridge S. D.
Jan 12 1916

Mr. Lipps,

Carlisle Indian School
Tenn.

Dear Mr. Lipps,

I am an ex-student
and would like to have one
those red and gold sweaters in
the membership of the school. Where
I have learn more than any
other school I've been to.

Send me one with a collar on.
size 40. red and gold.

I wish here inclose \$5
for the sweaters.

Respy,

Miss Rose Janis

Pine Ridge
S. D.

4167

NAME. *Rosa Janis* | TRIBE. *Sioux* | PARENT OR GUARDIAN. *Nick Janis*

DATE ENROLLED. *Sept. 17, 1911* | TERM. *Three years* | AGE. *16* | HOME ADDRESS *Pine Ridge, S. Dak.*

DATE OF RECORD	ACADEMIC DEPARTMENT.			INDUSTRIAL DEPARTMENT.			DORMITORY.			OUTING		SPECIAL REMARKS.
	ROOM NO.	Scholarship	Conduct.	Shop.	Ability.	Conduct.	Room No.	Neatness	Conduct.	Ability.	Conduct.	

<i>Dec. '11.</i>				<i>Gen.</i>	<i>G.</i>	<i>Ex.</i>		<i>G.</i>	<i>Ex.</i>			
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