

OK funds yes

Read Instructions on this Application Blank carefully

✓ 132

BRIEF.

Application of

FOR THE ENROLLMENT OF

Henry Johnson

IN THE INDIAN SCHOOL AT

Carlisle, Pennsylvania

NAME OF AGENCY FROM WHICH PUPIL CAME:

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

Term of enrollment..... (5) years

Printed by Carlisle Indians.

Important—Only those students who desire to come to Carlisle because they have a definite purpose in view will be admitted. Applications for enrollment must be submitted in all cases for consideration before transportation can be made available. Time will then be taken to find out the records students have made in the schools previously attended, and to secure recommendations as to their *moral character* and their worthiness for further attendance at a Government institution.

Johnson Henry

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 Henry Johnson ; male ; date of birth 1892
(Name of Child) (Sex)
Indian Choctaw - 1898 - 7/✓
(Tribe)

NAME OF FATHER (Both Indian and English)	Living or Dead	TRIBE	BAND	DEGREE OF INDIAN BLOOD
<u>W.F. Johnson</u>	<u>Living</u>	<u>Interred</u>		
<u>Sophia Johnson</u> NAME OF MOTHER	<u>Living</u>	<u>Choctaw</u>		<u>Full</u>

I, Henry Johnson, do hereby voluntarily consent and agree to the
 enrollment in said school for a period of 5 years, and also obligate myself to abide by all
(Not less than 3)
 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>Jones Academy</u>	<u>1912</u>	<u>1913 quit when school is vacation.</u>		<u>6th</u>
2.				
3.				
4.				

✓ Henry Johnson
(Parent, guardian, or next of kin)

P. O. address: ✓ Broken Bow,

Two Witnesses:

Ed Stafford
Sam Wallace Oklahoma

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 31 day of July, 1915
C. A. McDonald, M.D.
Evansville, Ind.
Physician at _____ Agency.

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 28th day of August, 1915
A. A. Wyley
SUPERVISOR B- 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.

Read Instructions on this Application Blank carefully

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 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.

Important—Only those students who desire to come to Carlisle because they have a definite purpose in view will be admitted. Applications for enrollment must be submitted in all cases for consideration before transportation can be made available. Time will then be taken to find out the records students have made in the schools previously attended, and to secure recommendations as to their *moral character* and their worthiness for further attendance at a Government institution.

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*								
Deportment.....standing*								
Physical condition.....								

Remarks: _____

Henry Johnson

PRESENT NAME

Dec. 10th, 1915.

Mr. W. F. Johnson,

Broken Bow, Oklahoma.

My dear Sir:

I must inform you that your son Henry deserted from this school on the 30th ultimo and that we have not heard anything at all regarding him since that time.

If you learn where he is or he arrives at your home please notify me. Our records will then be complete.

Very respectfully,

HKM.

Acting Superintendent.

(Copy to Supervisor Wyly.)

DEPARTMENT OF THE INTERIOR
U. S. INDIAN SERVICE

OFFICE OF THE SUPERVISOR OF SCHOOLS
FIVE CIVILIZED TRIBES

4200

MUSKOGEE, OKLAHOMA. May 19, 1917.

Supt. John Francis, Jr.,
U.S. Indian School,
Carlisle, Pa.

Dear Mr. Francis:

Referring to your letter of the 14th, enclosing a check for \$1.00, payable to G.W. Line, and one for 17¢, payable to Henry Johnson, I am forwarding these checks to Mr. E.P. Snead, Assistant Field Clerk at Broken Bow, Oklahoma, with the request that he get the signature of Henry Johnson to the checks mentioned. As soon as the check of Dr. Line is returned, properly signed, it will be sent you.

Very truly yours,

A. S. Wyly.
Supervisor.

ASW-GH

4200

November 14, 1916.

Mr. Henry Johnson,

Broken Bow, Okla.

Dear Henry:

I have a bill of \$1.00 from Dr. Line against you for some dental work which you had done while a pupil here. Will you please send me a check for this amount at your earliest convenience so that I may be able to pay your debt.

Very truly yours,

D/B

Superintendent.

Aug. 30, 1917

Dr. G. W. Line,
Carlisle, Pa.

Dear Sir:

I am enclosing herewith dental card showing work done for Henry Johnson, a former pupil of this school. Sometime ago we sent you a check covering the balance and you seemed to have some trouble in locating the account.

Trusting this will straighten out the matter, I am

Yours very truly,

Superintendent.

LG

encl.

May 14, 1917

Mr. A. S. Syly, Supervisor,
Five Civilized Tribes,
Muskogee, Okla.

Dear Sir:

I am in receipt of a bill from Dr. G. W. Line for dental work for Henry Johnson, a former pupil of this school from your reservation. On checking over his account here, I find that he has a balance of \$1.17 and I am enclosing a check made payable to Dr. Line for \$1.00 which I will thank you to have Henry sign and return, and a check made payable to Henry for the balance. I will appreciate it very much if you will see the the check for 17¢ is cashed in order that it will not become outstanding.

Thanking you for your attention to this matter,
I am

yours very truly,

Superintendent.

LG

encl.