Months in school before Carlisle..... Grade entered at Carlisle, Grade at date of Discharge, 2 Trade or Industry, Church Presbyterian

BRIEF.

The state of the s	
modella sel ar colorego Mar Ri	APPLICATION OF Oscar H. Lippo Inardian
	IN THE INDIAN SCHOOL AT
No later of	CARLISLE, PENNSYLVANIA
To solly	NAME OF AGENCY FROM WHICH PUPIL CAME: NEW CE I do ha
	Date of enrollment, 4 1907 , 190
	Term of enrollment, () years.
Var.	NAME OF COLLECTING AGENT: NAME OF COLLECTING AGENT: Position, Suferinter dent.

APPLICATION FOR ENROLLMENT IN A NONRESERVATION SCHOOL

(For a child enrolled at an Agency.)

For and in consideration	n of the Gov	rernment of th	e United	States assumin	g the care	e, education, and
maintenance in the United St	ates Indian 8	School at 6	arli	isle, F	em	
of Med Le (Name of child. (Tribe.)	orge			date of birth		1890;
NAME OF FATHER. (Both Indian and English.)	Living or Dead	TRIBE		BAND		DEGREE OF INDIAN BLOOD.
<u> </u>	2		LIPT.			
NAME OF MOTHER,	<i>D</i> .			7 ,254		
I, Cran H. (Parent, guardian, or enrollment in said school for a the rules and regulations for The said child has been e	a period of Indian school	(Not less than 3.)	years,	untarily consent		e to his
NAME OF SCHOOL.	DATE OF ENROLLMENT.	DATE OF DISCHARGE,	6	CAUSE.		FRADE.
1. Fr Lapvai				en sallieran To A	162	
2.				n national a	ioT	
3.			*			
4.	***************************************					***************************************
		Ose	and	HI Was	JJ.	n)
Two witnesses:		P. O. address	. L	ipwai Id	aho.	

PHYSICIAN'S CERTIFICATE.

I hereby certify that I have this day earefully examined the above-named child herein propo	sed 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.	

I day of accep

John N. alley
Physician at Ney Perse 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 Occar A Limps, Idn was voluntary, and I recommend the transfer of the said child.

day of august, 190%.

Agent or Superintendent.

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.

NOTE

Age limits, fourteen to twenty years. Preferably fourteen to eighteen. Students must be at least one-fourth Indian, preterably 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 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.

This form is to be used only in transfers from reservations or Indian schools to nonreservation schools.

PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL	Teng	e ne	d	DATE 19 US
50	· 1	Show (Pena	STATE I dalo
AGE YEARS R	ETURNED STUI	DENT. TRIBBY	I W LO	STATE O OCOCO
DEGREE OF INDIAN B				
Inspection Jo	od d	enelaps	nen	<i>k</i>

PALPATION M	on			
PERCUSSION /	Lown	al		
Auscultation Reso	NANCE	ormal	4. 27	
HEART SOUNDS 24	our el	2		
		Respiration		
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		VACCINATION J.		
FAMILY HISTORY:	Living.	Condition of Health.	Dead.	Cause of death,
FAMILY HISTORY:		U		
FATHER		U	Dead.	Cause of death,
FAMILY HISTORY:		U	Dead.	
FATHER		U	Dead.	Cause of death,
FATHER MOTHER	Living.	Condition of Health.	Dead.	Cause of death.
FATHER MOTHER		Condition of Health.	Dead.	Cause of death.
FAMILY HISTORY: FATHER MOTHER BROTHERS	Living.	Condition of Health.	yes 2	Cause of death.
FAMILY HISTORY: FATHER MOTHER BROTHERS SISTERS	Living.	Condition of Health.	yes 2	Cause of death.
FAMILY HISTORY: FATHER MOTHER BROTHERS SISTERS	Living.	Condition of Health.	yes 2	Cause of death.
FAMILY HISTORY: FATHER MOTHER BROTHERS SISTERS PERSONAL HISTORY:	Living.	Condition of Health.	yes 2	Cause of death.
FAMILY HISTORY: FATHER MOTHER BROTHERS SISTERS PERSONAL HISTORY: REMARKS:	Living. George	Condition of Health.	yes 2	Cause of death.

Hospital Record	

EXAMINATION	Too obtained.
DATES:	Conditions:
DATES:	CONDITIONS:

NAME.				TRI					PARENT OR GUARDIAN.			
George, Ned				0					.H.Li	pps,	(Gdn)	
DATE ENROLLED. TERM.		-				НО	HOME ADDRESS.					
Sep	t.	7, 190					15					Idaho.
		INDUSTRIAL DEPARTMENT.								SPECIAL REMARKS.		
	NO.	Scholarship			Ability.	Transfer of the second second	No.	100000000000000000000000000000000000000	Conduct		Conduct	
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Er-stu. 822