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THE FREEDOM OF
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EXEMPTION 6
(5 U.S.C. § 552(b)(6) (2000))
AND
THE PRIVACY ACT
5 U.S.C. § 552a(b)**

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JUL 05 2006

ASIA-OFA

**National Archives and Records Administration
Pacific Region (Laguna Niguel)**

Record Group: RG 75, Records of the Bureau of Indian Affairs

Agency or Division: Sherman Institute

Series: Student Case Files (1903-1950)

Folder Title: [REDACTED]

Box Number: 251

FOIA6

For guidance citing records, ask for a copy of *Citing Records in the National Archives of the United States* (GIL 17) or view it at: www.archives.gov/publications/general_information_leaflets/17.html

Home 5/20/32

Name [REDACTED]
Age ~~14~~ 4/20-1916 (15)
Tribe Tejon
Degree F
P. O. Tejon, Calif.
Date entered, fiscal year 8/31/30, 8/30-31
Original entry 8/31/30
Previous months in school 45 FOIA6
Total months in school ~~47~~ 54 58 63
Industry School Agri. Ex
Entry grade 8
Present grade ~~8~~ 9V
Distance from public school 10
No. days attendance (120-148) 115-140
Parents [REDACTED]
Village or Agency Sacramento
Religious affiliation Catholic
Remarks: Home 5/29-31 Re'en. 9/30/31
Home 5/20-32

Reproduced from the holdings of the National Archives and Records Administration
 RECORD OF PAIN REPOSELBERMAGDON INSTITUTE

Name..... [REDACTED]
 Date of Birth..... 4-20-1916
 Tribe..... Tejon Degree of Blood..... F
 Agency and Post Office..... Tejon, Calif.
 Date of Original Entry..... 8-31-1930 **FOIA6** Grade on Entry..... 6
 Previous Months in School..... 45 Distance from Public School..... 10
 Mother..... [REDACTED] Father..... [REDACTED]
 Guardian..... Religion..... Catholic
 Date of Graduation.....
 Remarks: Home 5/29-31. Re. em 9/30-31

Grade	Date of Entrance this Year	Months Attended this Year	Agriculture	Algebra	Arithmetic	Bookkeeping	Botany	Chemistry	Citizenship	Civics	English	General Science	General Exercise	Geography	Commercial Geography	Geometry	Ancient History	Mod. and Med. History	American History	Physiology Hygiene	Physics	Rural Economics	Shop Mathematics	ACADEMIC AVERAGE	UNITS MADE	ACTION TAKEN	DEPARTMENT
1.																											
2.																											
3.																											
4.																											
5.																											
6.			87							81		79	88					80	85					84	PR		

5-354.

CASE RECORD.

name [redacted] Sex M Born April 20, '16 School Sherman Institute
 Home Agency [redacted] Home Address Tijon, Calif. Tribe Tijon Father [redacted]
 Parent or Guardian [redacted]

Family History	Living	Condition of Health	Age	Dead	Cause of death
Father	<u>yes</u>	<u>well</u>			
Mother	<u>yes</u>	<u>well</u>			
Sisters	(No)			(No)	
Brothers	(No) <u>3</u>	<u>well</u>		(No)	

FOIA b 6

Has pupil had Measles _____; Diphtheria _____; Pertussis _____; Influenza yes
 Scarlet Fever _____; Smallpox _____ Date vaccinated 1925 Date of examination Sept. 1, 1930

Examination Record: Record opposite name semiannually physical findings. Indicate normal (N); trachoma (Tr.); vaccination (Pos. or Neg.); enlarged glands (Enl.); if closed add (C); open (O).

School Year	1930-31		1931-32		1932		1932		1932	
	1st semester	2d semester	1st semester	2d semester	1st semester	2d semester	1st semester	2d semester	1st semester	2d semester
Age	<u>14</u>		<u>15</u>							
Height	<u>5'1"</u>									
Weight	<u>106</u>	<u>114</u>	<u>123</u>	<u>131</u>						
School grade	<u>6</u>									
Temperature	<u>98.6</u>									
Pulse rate	<u>80</u>									
Vaccination		<u>yes</u>								
Condition of eyes	<u>neg</u>	<u>N</u>	<u>N</u>	<u>N</u>						
Vision	<u>20/20</u>	<u>N</u>	<u>N</u>	<u>N</u>						
Throat and tonsils	<u>neg</u>	<u>N</u>	<u>N</u>	<u>N</u>						
Teeth		<u>N</u>	<u>N</u>	<u>N</u>						
Ears	<u>neg</u>	<u>N</u>	<u>N</u>	<u>N</u>						
Hearing	<u>20/20</u>	<u>N</u>	<u>N</u>	<u>N</u>						
Cervical glands	<u>neg</u>	<u>N</u>	<u>N</u>	<u>N</u>						
Skin	<u>"</u>	<u>clear</u>	<u>clear</u>	<u>clear</u>						
Trachoma	<u>"</u>	<u>neg</u>	<u>neg</u>	<u>neg</u>						
Lungs:										
Inspection	<u>"</u>	<u>N</u>	<u>N</u>	<u>N</u>						
Impaired resonance	<u>"</u>	<u>neg</u>	<u>neg</u>	<u>neg</u>						
Dullness	<u>"</u>	<u>neg</u>	<u>neg</u>	<u>neg</u>						
Abnormal bronchial sounds	<u>"</u>	<u>neg</u>	<u>neg</u>	<u>neg</u>						
Rales	<u>"</u>	<u>neg</u>	<u>neg</u>	<u>neg</u>						

Signify areas thus: Apexes, RA-LA; Upper halves, UHL-UHR; anterior or post, A-P; designate under inspection flat chest, F C; pigeon breast, P B; limited respiratory movement, L R B-R or L; designate rales viz: Moist, M; dry, D; crepitant, C; etc.

Diph. T. D. T. }
 Vaccination } Sept 1930

GOVERNMENT PRINTING OFFICE
 0-5005

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FOIA6

1 of 2

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5-192
(May 1939)

UNITED STATES
DEPARTMENT OF THE INTERIOR
OFFICE OF INDIAN AFFAIRS
FIELD SERVICE

APPLICATION FOR ADMISSION TO NONRESERVATION SCHOOLS

(This application should be forwarded to the Superintendent of the school to which admission is being sought and his approval received before the student is permitted to depart)

Application for admission to Sherman Institute School.
[Redacted] M F Jan 24, 1932
(Sex) (Date of birth—cite authority for date)
Box 156 So. Twp. Knox Mo. F
(Home address) (Town) (Degree of Indian blood)
Is a member of _____ the Catholic Church.
Attends _____
 Prefers _____

PUBLIC OR DAY SCHOOL NEAREST HOME TO WHICH APPLICANT IS ELIGIBLE

Name of school Bakersfield To enter grade 7
Grades taught 1-12 Location: **FOIA6**
(Number)
Annual term 9 Post office _____
(Months)
Miles from home 42 District _____
Is transportation furnished? no County Kern
Why does applicant not attend this school? no transportation

SCHOOLS FORMERLY ATTENDED

NAME	PLACE	DATES ATTENDED (School years)	GRADE COMPLETED	REASON FOR LEAVING
[Redacted]		<u>1937-40</u>	<u>6</u>	<u>Terminated</u>

Can applicant pay tuition (particularly if high-school graduate, or if applicant for commercial or advanced trade course)? no
Can applicant pay own transportation? no
Vocational objective? Mechanics

16-11683

DATA REGARDING PARENTS

	FATHER	MOTHER
Name in full	FOIA6	
Is parent living?	Yes	Yes
Home post office		
Agency post office	Sacramento	San Jose
Degree of Indian blood	Roll No.	Roll No.
How much land is owned?	None	None
How much taxable?		
Estimated value of land	Annual income	Annual income
Other income: Source		
Amount		
Owns home	Number of rooms 4	Number of rooms
Number living there	6	
Education	6th	6th
Occupation	Ranch hand	
Language spoken in home	Spanish	Spanish
Do parents live together?	Stepfather?	Stepmother?
applicant make home?	Family dependent on relief?	With whom does
in family?	None	Health problems
If parents are not living, or if student does not live with parents, give name, address, relationship, and any special information concerning nearest relatives		
Other social problems in or surrounding the home		
What members of family are employed in the government service?		
Name	Relation to applicant	
Position	Permanent?	Salary
Name	Relation to applicant	
Position	Permanent?	Salary

PHYSICAL EXAMINATION

WEIGHT (in clothing) lb. HEIGHT (without shoes) in. TEMPERATURE

EYES: Trachoma

Evidence other disease or injury

Vision: Without glasses, R 20 L 20 With glasses, R 20 L 20

Color vision Method of testing

EARS: Discharge Other evidence of disease

NOSE:

MOUTH:

TEETH:

THROAT: Tonsils—Normal . Removed . Hypertrophied . Atrophied . Infected .

Other abnormalities

NECK: Glands Thyroid

CHEST: General appearance

Measurements (at nipple line)—At rest Inspiration Expiration

Lungs: R—Percussion

Auscultation

L—Percussion

Auscultation

X-ray findings (X-ray should be made whenever possible)

Heart: Rate sitting After exercise After rest

Murmurs or other evidence of disease

B. P.

If disease present, is it compensated?

ABDOMEN:

Inguinal rings: R. L.

G-U SYSTEM: Evidence of venereal disease

Wassermann Date

Urinalysis

EXTREMITIES: Evidence of disease or injury

Flat feet Varicose veins

NERVOUS SYSTEM:

Scars, deformities, or other abnormalities not listed above

TUBERCULIN TEST: Date

REMARKS:

Place of examination Date

(Signed) M. D.

(Title)

I hereby voluntarily consent and agree to this enrollment.
I also give my consent to emergency operations and dental or
minor surgery not requiring general anesthesia, if such pro-
cedure becomes necessary while the child is in school.

I recommend enrollment and suggest the following type of
program for applicant:

[Redacted Signature Area]

FOIA6

(Signature of applicant)

Approved:

John G. Rockwell
Superintendent

See to Joy

- Social Worker.
- Education Field Agent.
- Principal.

REMARKS:

REC'D MAY 4

Sherman Institute
Riverside, California

August 21, 1944

FOIA6

[REDACTED]
[REDACTED]
Riverside, California

Your application for entrance to Sherman Institute has been approved. School begins ~~Thursday~~, September 15, 1944. You should arrive several days before in order to be ready for the opening of school.

Enclosed is a letter of instruction regarding your transportation to Sherman Institute.

~~You are expected to furnish your own transportation to Sherman Institute.~~

Sherman Institute students are expected to behave, study, apply themselves, assist with the necessary work of the school and conform to the rules and regulations. Failure to do this satisfactorily will be considered grounds for suspension.

Sherman graduates carry with them the reputation of good educational and vocational training and the backing and recommendation of Sherman Institute which generally results in good employment and useful citizenship.

We hope that you will be happy at Sherman and will obtain a good and useful education.

Very truly yours,

D. H. Biery
Superintendent

B:rm
[REDACTED]
[REDACTED]
[REDACTED]

Sherman Institute
Riverside, California
December 4, 1944

[Redacted]
Bakersfield, California
Dear Mrs. Knowles:

We are in receipt of a letter from Miss Mildred Van Every of the Sacramento Indian agency, stating that [Redacted] will leave for Sherman on December 24 and asking that we place transportation in your case. If Edward is to be brought by some one coming to the school, no transportation will be needed; on December 24 no other means except private carrier would be at all practical. If he is using public carrier, we suggest that he come before December 21 or not until December 27 or 28, in which case he may be able to get through. The congestion in Los Angeles and on the buses will be such as to render travel for young people not only difficult but rather dangerous. Will you let me know immediately how and when he will come, in the light of these suggestions based on our experience with travel for students, and if transportation is needed I will send the order to you for the time you indicate. Vera Ramos is here and seems to be doing very well, although we find her quite slow mentally.

Sincerely yours,

Olive B. Ellis,
Girls' Adviser

cc Miss Mildred Van Every

FOIA6

Education 891



Edward Montez

UNITED STATES

DEPARTMENT OF THE INTERIOR

OFFICE OF INDIAN AFFAIRS

Sacramento Indian Agency
Sacramento 2, California
November 29, 1944

Donald H. Biery, Supt.
Sherman Institute
Riverside, California

Re; [Redacted]

RECEIVED
1944
SHERMAN INSTITUTE

Dear Supt. Biery:

We have been informed by Mrs. Anna B. Knowles that [Redacted] will leave for Sherman on December 24. Due to illness, he was unable to enter school in the Fall. We are requesting that you place transportation for [Redacted] with Mrs. Anna B. Knowles, Box 872, Bakersfield, California.

Sincerely yours,

Mildred E. Van Every
Mildred E. Van Every
Social Worker

nc
cc- Mrs. Knowles

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APPLICATION FOR ADMISSION TO NON-RESERVATION SCHOOL

To Sherman Indian School, located at Reversed State Calif.
 From Sacramento Jurisdiction. Approved by [REDACTED] Date 7/7/39
 Title Education Field Agt

PUPIL

Application for enrollment of [REDACTED] to enter grade 6th
 Date of birth April 26, 1926 Age 14 years Sex Male
 P. O. address Box 1560 Bakersfield Tribe Tejon Degree of blood Full blood

PUBLIC OR DAY SCHOOL NEAREST TO APPLICANT'S HOME

Name of school Indian School 1. Post office Bakersfield
 Grades taught Elementary Location: 2. District Indian School
 Number of months in annual term Ten **FOIA6** 3. County Kern
 Why do you not attend this school? My mother is dead and my father is unable to work

INFORMATION REQUIRED

	FATHER	MOTHER
Name in full	[REDACTED]	[REDACTED]
Is parent living?	<u>Yes</u>	<u>No</u>
Home post office	<u>Bakersfield</u>	
Agency post office	<u>Sacramento</u>	<u>Sacramento</u>
Degree of blood	<u>Full</u>	<u>Full</u>
Roll No.	<u>16614</u>	<u>13374</u>
How much land is owned?	<u>None</u>	
How much taxable?	<u>None</u>	
Estimated value of land	<u>00</u>	
Annual income from land	<u>00</u>	
Other income	<u>\$35.00 per month</u>	
Source	<u>Old age pension</u>	
Amount		
Owns home	<u>no</u>	
Number of rooms		
Number living there	<u>Two</u>	
Education	<u>2d Grade</u>	
Occupation	<u>None</u>	
Language spoken in home	<u>Spanish</u>	

To what church do you belong? Catholic

MEDICAL CERTIFICATE

Average 119 lbs.

Name: [redacted] Sex: M Age: 13 Weight: 132 Height: 66
 Skin: normal Eyes: no defects found Vision: R 29/30 L 20/20 Ears: negative
 Hearing: no defects Nose: " Sinuses: negative Teeth: subgingivitis
 Gums: " Tonsils: " Pharynx: negative Neck: negative
 Chest: " Lungs: " Heart: negative Pulse: radial
 Hemorrhoids: no Genitals: negative Lymph nodes: not palpable
 Nervous system: negative Varicose veins: no Feet: no defects
 Urinalysis (where indicated) _____
 Vaccinations: Date 1936 Smallpox _____ Typhoid _____
 Diphtheria 1936 Recommendations _____

Which of the following diseases has applicant had or shows evidence of having had (underscore):
 Chickenpox, Diphtheria, Measles, Tuberculosis, Typhoid, Scarlet Fever, Smallpox, Whooping Cough
 other: none

I, a duly licensed practicing physician, do hereby certify that I have carefully examined this applicant and find him in proper physical condition to attend school; that there is no deviation from the normal other than has been noted above, and that applicant is not afflicted with tuberculosis or other contagious disease which would menace the health of other pupils. A thorough examination has been made and no evidence found to indicate venereal disease.

REMARKS: *

no defects observed other than ^{two} small cavities in teeth,

Date: 5/27/39 _____, M. D.
 Address: 1100 W. 1st St. of Juba, Kans.

* These should include a statement as to degree of robustness and nutrition. If evidence exists of tuberculosis, is it active or arrested?

CERTIFICATE OF ENROLLING FIELD OFFICIAL

I do recommend the enrollment of this pupil for the following reasons:
Interested in vocational training.

Frank Holstein
 (Superintendent, Supervisor, Day School Representative, School Social Worker)
 Education Field Agent

CERTIFICATE OF SCHOOL ACCEPTING ENROLLMENT

Applicant is (enrolled, transferred, dismissed) for the following reasons: _____

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 Pacific Region, Laguna Niguel

Do parents live together? No

Is there a stepfather? No Stepmother? No

With whom do you make your home? Father

How many brothers of school age? None In school? _____ Where? _____

How many sisters of school age? None In school? _____ Where? _____

Can this pupil pay own transportation to school? No

If can not, why not? Father too poor to pay

REMARKS: _____

Indicate first, second, and third choices of trades or vocations you would like to prepare for by putting 1, 2, and 3 in the parentheses () before the trade named: () Arts and Crafts, Weaving; () Laundry () Cookery; () Clothing or Dressmaking; () Gardening; () Poultry; () Baking; () Barber () Chauffeur; () Tailoring; () Cleaning and Pressing; () Concrete Work; () Interior Decoration () Landscape Gardening; () Dairying; () Farming; () Farm Mechanics; () Stock Raising () Plumbing; (/) Electricity; () Steam Fitting and Power Plant Operation; () Machinist; (2) Forge and Welding; () Sheet Metal; () Painting; () Carpentry and Woodworking; () Plastering; () Stone Masonry and Bricklaying; (3) Auto Mechanics; () Printing; () _____

State the reasons for each choice:

To learn a vocation by means of which

I may be able to earn my own living

What trade experience have you had? None

Indicate what plans you have for (a) Further study; (b) Employment after having completed the course

To get a position in the vocation in which

I become most efficient

I, the undersigned, do hereby voluntarily consent and agree to this enrollment in said school for a term of four years, or to complete the course of study prescribed by the school and also obligate myself to abide by all rules and regulations for Indian schools.

FOIA6

WITNESS:

(Parent, guardian, or next of kin)

Box 1560, Bakersfield, Calif
(P. O. address)

Sherman Institute
Riverside, California

July 10, 1949

Box 1889
Bakersfield, California

Dear [REDACTED]

Your application for entrance to Sherman Institute has been approved. You should plan to be here two or three days before school begins.

We will furnish you transportation to Sherman either by train or bus. If some reliable person brings you we can pay them an amount equal to your fare by the cheapest way; however we cannot be responsible for any such arrangements.

FOIA6

Shortly before the first of September we will send you or your Indian agent an order for your transportation.

All Sherman students are expected to behave, study, apply themselves and conform to the rules and regulations of the school. Failure to do this satisfactorily will be considered grounds for dismissal.

Sherman graduates carry with them the reputation of good vocational training and education and the backing and recommendation of the school which generally results in good employment and useful citizenship.

We hope that you will be happy at Sherman and will obtain a good and useful education.

Very truly yours,

Donald H. Biery
Superintendent

cc - Supt. Roy Nash, Sacramento
Mrs. Anna B. Knowles, Bakersfield

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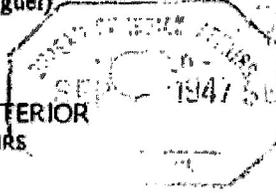
FOIA6

Box Number: 150

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5-192
Revised 1946

UNITED STATES
DEPARTMENT OF THE INTERIOR
OFFICE OF INDIAN AFFAIRS



Application for Admission to Boarding School or for Special Services

Underline whichever applies to this applicant: reservation boarding school; non-reservation boarding school; mission school (Federal contract); foster home care; deaf; blind; mentally deficient; delinquent; other. See note at bottom of page four.

Applicant of FOIA6 for admission to

Name of applicant
Sherman Institute, Riverside, Calif.
Name of school, institution, or foster home and address

Agency Sacramento Date June 17, 1931

Tribes Tejon Degree Indian Full Sex Female Date of Birth 6-17-31
Month Day Year

How verified Father Birthplace Bakersfield Kern Calif.
Post office County State

Home Address Box 1560, Bakersfield

Home located: () On reservation () Off reservation () Rural X () Town

Does applicant own land? No Can applicant pay own transportation? No

Nearest public or day school to which applicant is eligible for admission Bakersfield

Grades taught High School Miles from home 42 Is transportation furnished? No

Why does applicant not attend this school? No transportation

What grade is applicant prepared to enter? Ninth In what vocations or courses is applicant interested? Dress making

Schools Previously Attended	Dates	Grades Completed	Reasons for Leaving
<u>Indian School</u>		<u>1-6</u>	<u>got to Bakersfield, Washington School</u>
<u>Washington</u>	<u>1945-46</u>	<u>7</u>	<u>got to Indian School</u>
<u>Indian School</u>	<u>1946-47</u>	<u>8</u>	<u>graduation - 1947</u>

Number of brothers: older _____; younger 2; Number of sisters: older _____; younger 2;

Name and relationship of person with whom applicant lives Father

Number living in home 5 Number rooms 3 Language spoken in home Spanish

Home conditions Rural, primitive

Other names, if any, by which applicant is known _____

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Pacific Region (Laguna Niguel)

Facts About Parents	Father	Mother
Full name	FOIA6	
Home post office	Box 1560, Bakersfield	1611 Padre, Bakersfield
Living or deceased	Living	Living
Agency where enrolled	Sacramento	Sacramento
Tribes, Roll No., Degree Indian	Tejon, no No., Full	Tejon, no No., Full
Education	grade school	Two years High School
Acres of land owned		
Income from property		
Employed by—Annual Salary	Tejon Ranch	Not employed

Indicate specific type and estimated amount of local, county, or state assistance for which applicant is eligible _____

What effort was made to obtain this assistance and with what results? _____

If allotment of funds is required for handicapped child or for foster home care, fill in items in this section.

Amount needed from Indian Office \$ _____ Rate per month or year \$ _____

Nature and history of child's handicap; special medical or health services needed; present type of care; plans for future care; person to be responsible for follow-up supervision of the child _____

Physical Examination

Weight (in clothing) _____ Height (without shoes) _____ Temperature _____

Eyes: Trachoma _____

Evidence of other disease or injury _____

Visions: Without glasses, R. 20 L. 20 With glasses R. 20 L. 20

Color vision _____

Eyes: Trachoma _____
Evidence of other disease or injury _____
Visions: Without glasses, R. 20 L. 20. With glasses R. 20 L. 20
Color vision _____ Method of testing _____
Ears: Hearing R. ear 20 L. ear 20
Discharge _____ Other evidence of disease _____
Nose: _____
Mouth: _____
Teeth: _____
Throat: Tonsils: Normal _____; Removed _____; Hypertrophied _____; Atrophied _____; Infected _____
Other abnormalities _____
Neck: Glands _____ Thyroid _____
Chest: General appearance _____
Measurements (at nipple line): At rest _____ Inspiration _____ Expiration _____
Lungs: R. Percussion _____
Auscultation _____
L. Percussion _____
Auscultation _____
X-ray findings (X-ray should be made whenever possible) _____
Heart: Rate sitting _____ after exercise _____ After rest _____
Murmurs or other evidence of disease _____ B. P. _____
If disease is present, is it compensated? _____
Abdomen: _____
Hernia R. _____ L. _____
G-U System: Evidence of venereal disease _____
Wassermann _____ Date _____
Urinalysis _____
Extremities: Evidence of disease or injury _____
Flat feet _____ Varicose veins _____
Nervous System: _____
Tuberculin Test: _____ Date _____
Immunized Against: Smallpox _____ Date _____ Diphtheria _____ Date _____ Typhoid _____ Date _____
Remarks: (List scars, deformities, or other abnormalities not listed above) _____

Date _____ (Signed) _____ M. D.
Place of Examination _____ (Title) _____

I am legally responsible for this applicant and hereby apply for the services requested. I also give my consent to emergency operations, and dental or minor surgery not requiring general anesthesia, if such procedure becomes necessary while the child is in school.

Sig _____

RELIGIOUS PREFERENCE

Parents or guardian should sign one of the following statements, in accordance with Section 99, amended, Manual for Indian School Service.

1. I wish my child to attend the services of a Catholic church and to receive the help of the minister, priest or missionary of that faith while attending school.

Date _____
OR

Signed _____

2. I wish my child to continue the religious observances of his Indian tribal group.

Date _____
OR

Signed _____

Parent or guardian

3. I do not wish my child to attend any religious services.

Date _____

FOIA6

Signed _____

Parent or guardian

Witnesses to signature:**

1 _____ 2 _____

- * The Superintendent may sign here for parent or guardian by specific oral request.
- ** Must be witnessed by authorized government representative and may be witnessed by missionary.

I recommend favorable action upon this application for the following reasons:

The family home is on the El Tejon Ranch, where they have always lived as well as their parents and grandparents before them. It is in a remote area with no nearby public or federal high school and is not reached by school bus service. Both Nelly and her brother, Michael, have maintained consistently good school records both in ability and in attendance. They are full degree Indian and have never known any other students than Indian. The Kern County Union High School Director of Testing interviewed and tested both Nelly and her brother on June 3. The Director agreed with their teacher, Mrs. Simpson, that the children should continue in high school. Government Boarding School is clearly the most feasible schooling that these children can have, and for this reason they should be admitted without question in September.

Signed Mildred Van Soren
Res. Prin., Educ. Field Agt., Social Worker

Approved: John G. Parkman
Agency Superintendent

*Approved: R. M. Kisinger
Superintendent of Indian Education

Note. If this application is for admission to a school, it should be accompanied by the pupil's transcript or his record in the last school attended.

*Approval not necessary for admission to reservation boarding school.
Chilocco, Oklahoma—7-1-46—15M

Sherman Institute
Riverside, California
September 10, 1947

Dear [REDACTED]

You have been approved for enrollment in Sherman Institute this fall. School begins September 15, 1947. You should arrive on the 13th or 14th in order to be ready for the opening of school.

We are informed by your enrolling agent that you are financially able to pay your own fare to Sherman Institute. We are sending you herewith final instructions for travel, which if you will follow carefully will make your trip easier and more pleasant.

Buy your ticket to Riverside, California. Upon your arrival in Riverside the Riverside bus agent will tell you where to get the bus to Sherman Institute which is marked "Riverside-Arlington" and leaves from the back of the bus station. Tell the driver of the "Riverside-Arlington" bus to let you off in front of Sherman. If possible, arrange to arrive in Riverside during the daytime. However, the bus station in Riverside is now open all night and a bus leaves for Sherman very early in the morning. You will be entirely safe to remain in the bus station until morning in case you arrive after the last bus coming by Sherman has left. Tag all baggage with your name and "Sherman Institute, Riverside, California". Check all except light baggage and KEEP the checks.

We cannot pay parents, relatives, or friends for bringing students to Sherman Institute.

FOIA6

Sherman graduates carry with them the reputation of good educational and vocational training and the backing and recommendation of Sherman Institute which generally results in good employment and useful citizenship.

We hope that you have had a pleasant vacation and will enter school full of enthusiasm and determined to make good use of Sherman's educational opportunities. All students will be expected to apply themselves in their academic and vocational classes and assist cheerfully in the work of the school.

Sincerely yours,

[REDACTED]
Box 1800
Bakersfield, California
cc Miss VanEvery

Joseph O. Chandler
Acting Superintendent

SHERMAN INSTITUTE
RIVERSIDE, CALIFORNIA

Education

District III PM 9:03
1947
Building 34, Swan Island
Portland 18, Oregon

September 5, 1947

Superintendent,
California Indian Agency,
Sacramento 2, California.

Attention: Miss Mildred E. Van Every,
Social Worker.

Dear Miss Van Every:

The applications of Nellie Mae Hinio, Michael Ernest
Hinio, Julia Gomez and Marjorie Dick are approved for
enrollment in Sherman Institute subject to availability
of space for them in that school.

Sincerely yours,

(Sgd) R. M. Tisinger.

R. M. Tisinger,
District Supervisor of Education.

cc Sherman Institute ✓
California Agency

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**National Archives and Records Administration
Pacific Region (Laguna Niguel)**

Record Group: RG 75, Records of the Bureau of Indian Affairs

Agency or Division: Sherman Institute

Series: Student Case Files (1903-1950)

Folder Title: [REDACTED]

Box Number: 150

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For guidance citing records, ask for a copy of *Citing Records in the National Archives of the United States* (GIL 17) or view it at: www.archives.gov/publications/general_information_leaflets/17.html

5-192
Revised 1946

UNITED STATES
DEPARTMENT OF THE INTERIOR
OFFICE OF INDIAN AFFAIRS

Application for Admission to Boarding School or for Special Services

Underline whichever applies to this applicant: reservation boarding school; non-reservation boarding school; mission school (Federal contract); foster home care; deaf; blind; mentally deficient; delinquent; other. See note at bottom of page four.

Applicaton of [REDACTED] for admission to
Name of applicant

Sherman Institute, Riverside, California
Name of school, institution, or foster home and address

Agency Sacramento Date _____

Tribes Tejon Degree Indian Full Sex Male Date of Birth October 16 1932
Month Day Year

How verified Father Birthplace Bakersfield Kern California
Post office County State

Home Address Box 1560, Bakersfield, California

Home located: () On reservation Off reservation (x) Rural () Town

FOIA6

Does applicant own land? _____ Can applicant pay own transportation? No

Nearest public or day school to which applicant is eligible for admission Bakersfield High

Grades taught High School Miles from home 4 1/2 Is transportation furnished? No

Why does applicant not attend this school? No transportation

What grade is applicant prepared to enter? 9th In what vocations or courses is applicant interested? Art and mechanics

Schools Previously Attended	Dates	Grades Completed	Reasons for Leaving
<u>Indian School</u>		<u>1-6,</u>	<u>Go to Bakersfield, Washington School</u>
<u>Washington, Bakersfield</u>	<u>1945-46</u>	<u>7th</u>	<u>Go to Indian School</u>
<u>Indian School</u>	<u>1946-47</u>	<u>8th</u>	<u>Graduation - 1947</u>

Number of brothers: older _____; younger 1; Number of sisters: older 1; younger 2;

Name and relationship of person with whom applicant lives Father, [REDACTED]

Number living in home 5 Number rooms 3 Language spoken in home Spanish

Home conditions rural, primitive

Other names, if any, by which applicant is known _____

Reproduced from the holdings of the National Archives and Records Administration
Pacific Region (Laguna Niguel)

Facts About Parents	Father	Mother
Full name	[REDACTED] FOIA6 [REDACTED]	[REDACTED]
Home post office	Box 1560, Bakersfield	1611 Padre St., Bakersfield
Living or deceased	Living	Living
Agency where enrolled		
Tribe, Roll No., Degree Indian		
Education	Elementary School--8th gr.	Sherman Institute, 10th grade
Acres of land owned	None	None
Income from property	None	"
Employed by—Annual Salary	\$90 a month clear	Grape picking \$600- field work in tomatoes, spud picking, onions-

Indicate specific type and estimated amount of local, county, or state assistance for which applicant is eligible _____

What effort was made to obtain this assistance and with what results? _____

If allotment of funds is required for handicapped child or for foster home care, fill in items in this section.

Amount needed from Indian Office \$ _____ Rate per month or year \$ _____

Nature and history of child's handicaps; special medical or health services needed; present type of care; plans for future care; person to be responsible for follow-up supervision of the child _____

Physical Examination

Weight (in clothing) _____ lb. Height (without shoes) _____ in Temperature _____

Eyes: Trachoma _____

Evidence of other disease or injury _____

Visions: Without glasses, R. 20 L. 20 With glasses R. 20 L. 20

Color vision _____

Method of vision _____

Eyes: Trachoma _____

Evidence of other disease or injury _____

Visions: Without glasses, R. 20 L. 20 With glasses R. 20 L. 20

Color vision _____ Method of testing _____

Ears: Hearing R. ear 20 L. ear 20

Discharge _____ Other evidence of disease _____

Nose: _____

Mouth: _____

Teeth: _____

Throat: Tonsils: Normal _____; Removed _____; Hypertrophied _____; Atrophied _____; Infected _____

Other abnormalities _____

Neck: Glands _____ Thyroid _____

Chest: General appearance _____

Measurements (at nipple line): At rest _____ Inspiration _____ Expiration _____

Lungs: R. Percussion _____

Auscultation _____

L. Percussion _____

Auscultation _____

X-ray findings (X-ray should be made whenever possible) _____

Heart: Rate sitting _____ after exercise _____ After rest _____

Murmurs or other evidence of disease _____ B. P. _____

If disease is present, is it compensated? _____

Abdomen: _____

Hernia R. _____ L. _____

G-U System: Evidence of venereal disease _____

Wassermann _____ Date _____

Urinalysis _____

Extremities: Evidence of disease or injury _____

Flat feet _____ Varicose veins _____

Nervous System: _____

Tuberculin Test: _____ Date _____

Immunized Against: Smallpox _____ Date _____ Diphtheria _____ Date _____ Typhoid _____ Date _____

Remarks: (List scars, deformities, or other abnormalities not listed above) _____

Date _____ (Signed) _____ M. D.

Place of Examination _____ (Title) _____

I am legally responsible for this applicant and hereby apply for the services requested. I also give my consent to emergency operations, and dental or minor surgery not requiring general anesthesia, if such procedure becomes necessary while the child is in school.

Signed _____
Parent or guardian

RELIGIOUS PREFERENCE

Parents or guardian should sign one of the following statements, in accordance with Section 99, amended, Manual for Indian School Service.

1. I wish my child to attend the services of a Catholic church and to receive the help of the minister, priest or missionary of that faith while attending school.

Date _____ Signed _____
OR Parent or guardian

2. I wish my child to continue the religious observances of his Indian tribal group.

Date _____ Signed _____
OR Parent or guardian

3. I do not wish my child to attend any religious services.

Date _____ Signed _____
OR Parent or guardian

Witnesses to signature: **

1 _____ 2 _____

- * The Superintendent may sign here for parent or guardian by specific oral request.
- ** Must be witnessed by authorized government representative and may be witnessed by missionary.

I recommend favorable action upon this application for the following reasons:
The family home is on the El Tejon Ranch, where they have always lived, as well as their ~~parents and grandparents before them.~~ It is in a remote area with no nearby public or federal high school and is not reached by school bus service. Both Michael and his ~~sister, Nelly, have maintained consistently good school records both in ability and in attendance.~~ They are full degree Indian and have never known any other students than Indian. The Kern County Union High School Director of ~~Testing interviewed and tested~~ both Michael and his sister on June 3. The Director agreed with their teacher, Mrs. Simpson, that the children should continue in high school. Government Boarding School is clearly the most feasible schooling that these children can have, and for this reason they should be admitted without question in September.

Signed Willard S. Lee Kemp
Res. Prin., Educ. Field Agt., Social Worker

Approved: John G. Parkman
Agency Superintendent

*Approved: P. W. Hisinger
Superintendent of Indian Education

Note. If this application is for admission to a school, it should be accompanied by the pupil's transcript or his record in the last school attended.

*Approval not necessary for admission to reservation boarding school.

Sherman Institute
Riverside, California
September 10, 1947

Dear [REDACTED]

You have been approved for enrollment in Sherman Institute this fall. School begins September 15, 1947. You should arrive on the 13th or 14th in order to be ready for the opening of school.

We are informed by your enrolling agent that you are financially able to pay your own fare to Sherman Institute. We are sending you herewith final instructions for travel, which if you will follow carefully will make your trip easier and more pleasant.

FOIA6

Buy your ticket to Riverside, California. Upon your arrival in Riverside the Riverside bus agent will tell you where to get the bus to Sherman Institute which is marked "Riverside-Arlington" and leaves from the back of the bus station. Tell the driver of the "Riverside-Arlington" bus to let you off in front of Sherman. If possible, arrange to arrive in Riverside during the daytime. However, the bus station in Riverside is now open all night and a bus leaves for Sherman very early in the morning. You will be entirely safe to remain in the bus station until morning in case you arrive after the last bus coming by Sherman has left. Tag all baggage with your name and "Sherman Institute, Riverside, California". Check all except light baggage and KEEP the checks.

We cannot pay parents, relatives or friends for bringing students to Sherman Institute.

Sherman graduates carry with them the reputation of good educational and vocational training and the backing and recommendation of Sherman Institute which generally results in good employment and useful citizenship.

We hope that you have had a pleasant vacation and will enter school full of enthusiasm and determined to make good use of Sherman's educational opportunities. All students will be expected to apply themselves in their academic and vocational classes and assist cheerfully in the work of the school.

Sincerely yours,

[REDACTED]
Box 1560
Bakersfield, California

cc Miss VanFrary

Joseph O. Chandler
Acting Superintendent

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**National Archives and Records Administration
Pacific Region (Laguna Niguel)**

Record Group: RG 75, Records of the Bureau of Indian Affairs

Agency or Division: Sherman Institute

Series: Student Case Files (1903-1950)

Folder Title: [REDACTED]

Box Number: 251

1 of 5

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SHERMAN INSTITUTE
RIVERSIDE, CALIFORNIA.

Application for admission to SHERMAN INSTITUTE School

[REDACTED] FOIA6 M XX Feb. 22, 1924
Name of applicant. Sex Date of birth.

Box 1560, Bakersfield Tejon Full
Home address. Tribe. Degree of Indian blood.

Is a member of
Attends the Catholic Church.
Prefers

PUBLIC OR DAY SCHOOL NEAREST HOME TO WHICH APPLICANT IS ELIGIBLE

Name of School Indian School Location: Bakersfield
Post Office Bakersfield
Grades Taught 8 Annual Term 10
Number. Months. District Ind. Sch. Dist.
Miles from home _____ County Kern
Is transportation furnished? _____ Why does applicant not attend this
school? I have no home in which to live
Grade _____

SCHOOLS FORMERLY ATTENDED

Name	Place	Dates attended School years.	Grade completed	Reason for leaving
1.				
2.				
3.				
4.				
5.				

Can applicant pay tuition (particularly if high school graduate, or if applicant for
commercial or advanced trade course)? _____

Can applicant pay own transportation? _____

DATA REGARDING PARENTS

	FATHER	MOTHER
Name in full	[REDACTED]	[REDACTED]
Is parent living?	Yes	No
Home post office	Bakersfield	
Agency post office	Sacramento	
Degree of Indian blood	Full Roll No.	Roll No.
How much land is owned?	None	
How much taxable?		
Estimated value of land	Annual income	Annual income
Other income. Source	Occasional labor	
Amount	Not computable	
Owms home	No No. of rooms	No. of rooms
Number living here		
Education	One year at school	
Occupation	Laborer	
Language spoken in home	Spanish	
Do parents live together? No Stepfather? No Stepmother No With whom does applicant make home?	[REDACTED]	Family dependant on relief? Health problems in family?
If parents are not living, or if student does not live with parents, give name, address, relationship, and any special information concerning nearest relatives:		

FOIA6

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Other social problems in or surrounding home: _____

What members of family are employed in the government service?

Name _____	Relation to applicant _____
Position _____	Permanent? _____ Salary _____
Name _____	Relation to applicant _____
Position _____	Permanent? _____ Salary _____

I hereby voluntarily consent and agree to this enrollment. I also give my consent to emergency operations and to minor operations such as the removal of tonsils, while the child is in school, if such procedure is necessary.

(signed) [REDACTED]
Signature of Parent.

Signature of Applicant

Approved: _____
Superintendent.

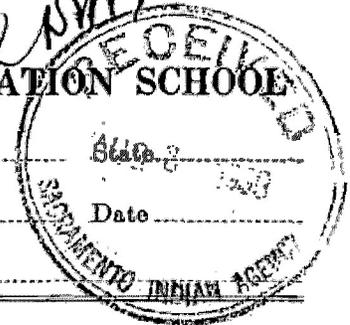
I recommend enrollment and suggest the following type of program for applicant:

Social Worker
Educational Field Agent
Principal

Roll #13,377

5-192
(Feb., 1933)

APPLICATION FOR ADMISSION TO NON-RESERVATION SCHOOL



To Sherman Inst. Indian School, located at _____
 From Sacramento Jurisdiction. Approved by _____ Date _____
 Title _____

PUPIL

Application for enrollment of _____ to enter grade Sevan
 Date of birth Feb. 22, 1924 Age 14 years Sex Male
 P. O. address 1560 Bakersfield, Box Tribe Tajon Degree of blood Full

PUBLIC OR DAY SCHOOL NEAREST TO APPLICANT'S HOME

Name of school Indian School **FOIA6** 1. Post office Bakersfield
 Grades taught 1-8 Location: 2. District Indian School District
 Number of months in annual term Ten 3. County Kern
 Why do you not attend this school? I have no home in which to live

INFORMATION REQUIRED

	FATHER	MOTHER
Name in full	_____	_____
Is parent living?	<u>Yes</u>	<u>No</u>
Home post office	<u>Bakersfield</u>	
Agency post office	<u>Sacramento</u>	
Degree of blood	<u>Full</u>	Roll No. _____
How much land is owned?	<u>None</u>	
How much taxable?	<u>None</u>	
Estimated value of land	<u>None</u>	
Annual income from land	<u>None</u>	
Other income	<u>Occasional Labor</u>	
Source	<u>Labor</u>	
Amount	<u>Not Computable</u>	
Owns home	<u>No</u>	Number of rooms _____
Number living there	<u>None</u>	
Education	<u>One year at School</u>	
Occupation	<u>Laborer</u>	
Language spoken in home	<u>Spanish</u>	

To what church do you belong? Catholic

Do parents live together? no

Is there a stepfather? No Stepmother? No

With whom do you make your home? [REDACTED]

How many brothers of school age? One In school? Yes Where? Indian School

How many sisters of school age? One In school? Yes Where? Indian School

Can this pupil pay own transportation to school? No

If can not, why not? No Means

REMARKS:

FOIA6

Indicate first, second, and third choices of trades or vocations you would like to prepare for by putting 1, 2, and 3 in the parentheses () before the trade named: () Arts and Crafts, Weaving; () Laundering; () Cookery; () Clothing or Dressmaking; () Gardening; () Poultry; () Baking; () Barbering; () Chauffeur; () Tailoring; () Cleaning and Pressing; () Concrete Work; () Interior Decorating; (3) Landscape Gardening; () Dairying; (1) Farming; (1) Farm Mechanics; () Stock Raising; () Plumbing; () Electricity; () Steam Fitting and Power Plant Operation; () Machinist; () Forging and Welding; () Sheet Metal; () Painting; () Carpentry and Woodworking; () Plastering; () Stone Masonry and Bricklaying; () Auto Mechanics; () Printing; ()

State the reasons for each choice:

What trade experience have you had? None

Indicate what plans you have for (a) Further study; (b) Employment after having completed the course.

Opportunity to make my own living.

I, the undersigned, do hereby voluntarily consent and agree to this enrollment in said school for a term of four years, or to complete the course of study prescribed by the school and also obligate myself to abide by all rules and regulations for Indian schools.

WITNESS:

[REDACTED]

[REDACTED]

(2)

MEDICAL CERTIFICATE

Name [REDACTED] Sex M Age 14 Weight 147 Height 65
 Skin OK Eyes OK Vision OK Ears OK
 Hearing OK Nose OK Sinuses OK Teeth OK
 Gums OK Tonsils OK Pharynx OK Neck OK
 Chest OK Lungs OK Heart OK Pulse OK
 Hemorrhoids no Genitals OK Lymph nodes no
 Nervous system no Varicose veins no Feet no
 Urinalysis (where indicated) not indicated
 Vaccinations: Date _____ Smallpox 1932 Typhoid no
 Diphtheria 1932 Recommendations _____

Which of the following diseases has applicant had or shows evidence of having had (underscore):
 Chickenpox, Diphtheria, Measles, Tuberculosis, Typhoid, Scarlet Fever, Smallpox, Whooping Cough,
 other Measles

I, a duly licensed practicing physician, do hereby certify that I have carefully examined this applicant and find him in proper physical condition to attend school; that there is no deviation from the normal other than has been noted above, and that applicant is not afflicted with tuberculosis or other contagious disease which would menace the health of other pupils. A thorough examination has been made and no evidence found to indicate venereal disease.

FOIA6

REMARKS: *

Date 7/20/38

W. E. Eaton, M. D.
 Address Bobersfield Co.

*These should include a statement as to degree of robustness and nutrition. If evidence exists of tuberculosis, is it active or arrested?

CERTIFICATE OF ENROLLING FIELD OFFICIAL

I do do not recommend the enrollment of this pupil for the following reasons: _____
Vocational Training; No suitable home.

Roy Nash, S. D.
Edwin H. Hooper
 (Superintendent, Supervisor, Day School Representative, or School Social Worker)

CERTIFICATE OF SCHOOL ACCEPTING ENROLLMENT

Applicant is (enrolled, transferred, dismissed) for the following reasons: _____

INSTRUCTIONS

The Secretary of the Interior is authorized by law to make and enforce such rules and regulations as may be necessary to secure the enrollment and regular attendance of eligible Indian children who are wards of the Government in schools maintained for their benefit by the United States or in public schools.

No appropriations, except appropriations made pursuant to treaties, may be used to educate children of less than one-fourth Indian blood whose parents are citizens of the United States and of the State wherein they live and where there are adequate free school facilities provided.

No Indian pupil under the age of 14 years may be transported at Government expense to any Indian school beyond the limits of the State or Territory in which the parents of such child reside or of the adjoining State or Territory.

Preference in all cases must be given to those children who (a) have a greater degree of Indian blood; and (b) who would be denied an education if not admitted to Indian schools. Indian children are not to be enrolled in Indian boarding schools if suitable and adequate local school facilities are available and home conditions are such that they can be admitted without prejudice because of their health or the conditions under which they live.

Applicants whose parents have ample financial resources may not be enrolled, except upon payment of tuition. Pupils will be required to pay their transportation expenses if they have sufficient funds with which to do so.

Pupils must not be enrolled in any nonreservation boarding school without a duly executed certificate of transfer in form prescribed by the Indian Office. Pupils must not be transferred from one nonreservation school to another, except for good reasons shown, supported by recommendations from the superintendent of the former school.

The information as to public school facilities called for (first page hereof) must be given, and all superintendents are especially directed to exhaust every means to secure enrollment of Indian children in State public schools or in local day schools before recommending them for boarding school enrollment. 4-7781

Here

Sherman Institute
Riverside, California

August 17, 1939

FOIA6

██████████
Box 1580, Bakersfield, California

Dear ██████████

Your application for entrance to Sherman Institute has been approved. You should plan to be there two or three days before school begins.

We will furnish you transportation to Sherman either by train or bus. If some reliable person brings you we can pay them an amount equal to your fare by the cheapest way, however we cannot be responsible for any such arrangements.

Shortly before the first of September we will send you or your Indian agent an order for your transportation.

All Sherman students are expected to behave, study, apply themselves and conform to the rules and regulations of the school. Failure to do this satisfactorily will be considered grounds for dismissal.

Sherman graduates carry with them the reputation of good vocational training and education and the backing and recommendation of the school which generally results in good employment and useful citizenship.

We hope that you will be happy at Sherman and will obtain a good and useful education.

Very truly yours,

cc: Roy Nash, Supt.

Donald H. Biery
Superintendent



RECEIVED
IN REPLY, REFER TO
JUL 05 2006
ASIA-OFA

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF INDIAN AFFAIRS

Chemawa Indian School
Chemawa, Oregon 97306

August 21, 1969

Mrs. Barbara J. Alba
646 Alexander Street
San Fernando, California 91340

Dear Mrs. Alba:

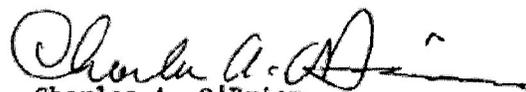
We have your letter requesting information as to your attendance at Chemawa Indian School. The following information is taken from our files:

[REDACTED]
Date of Birth: 10-13-39
Parent: [REDACTED]
Home Address: Maricopa, California
Tribe: Tejon
Degree: Full
Agency: California **FOIA6**
Church: Catholic
Date entered Chemawa: 9-11-49
Date left Chemawa: 7-25-53

[REDACTED]
Date of Birth: 5-28-41
Parent: [REDACTED]
Home Address: Maricopa, California
Tribe: Tejon
Degree: Full
Agency: California
Church: Catholic
Date entered Chemawa: 9-11-49
Date left Chemawa: 7-25-53

We hope the above information will be of help to you and your brother. Thank you for writing us.

Sincerely,


Charles A. O'Brien
Acting Superintendent

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JUL 05 2006

ASIA-OFA

**National Archives and Records Administration
Pacific Region (Laguna Niguel)**

Record Group: RG 75, Records of the Bureau of Indian Affairs

Agency or Division: Sherman Institute

Series: Student Case Files (1903-1950)

Folder Title: [REDACTED]

Box Number: 128

FOIA6

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5-192

BRIEF.

APPLICATION OF

[REDACTED]

FOR THE ENROLLMENT OF

[REDACTED]

FOIA6

IN THE INDIAN SCHOOL AT

Riverside, California

POST-OFFICE ADDRESS OF APPLICANT:

Y. Tejon Ranch, Bakersfield, Calif.

Date of enrollment, *September 1, 1924.*

Term of enrollment, *Seven (7) years.*

NAME OF PERSON ARRANGING FOR THE TRANSFER:

[REDACTED]

Position, *Chief of Tejon Indian Tribe.*

G-871

APPLICATION FOR ENROLLMENT IN A NONRESERVATION SCHOOL.

(For a child not enrolled at an Agency.)

For and in consideration of the United States assuming the care, education, and maintenance in the United States Indian School at Riverside Calif., of [redacted], M., 13, I, [redacted] (Sex.) (Age.) (Parent, guardian, or next of kin.) of Bakersfield P. O., State of California, do hereby voluntarily consent and agree to his enrollment in said school for a period of seven years, and also obligate and bind myself to abide by all the rules and regulations for Indian schools. (Not less than 3.)

I further say that the said child was born at Tijon Canyon on October 6, 1910; that the father, [redacted] is a full blood Indian of the Tijon Indian Tribe located at Tijon Canyon (Agency); that he left the tribe about [redacted]; that the mother, [redacted] is a over 1/2 Indian of the Tijon Indian Tribe located at Tijon Canyon (Agency) and left the tribe about [redacted]; that the said child was born and reared in the United States, and now actually resides therein; and that he has attended the following schools:

NAME OF SCHOOL—PUBLIC, GOVERNMENT, OR MISSION.	LOCATED AT	DATE OF ENROLLMENT.	DATE OF DISCHARGE.	CAUSE OF DISCHARGE.	GRADE.
<u>Tijon Indian School</u>	<u>Tijon Canyon</u>	<u>Sept 4, 1921</u>	<u>---</u>	<u>---</u>	<u>1</u>
<u>"</u>	<u>"</u>	<u>" 5, 1922</u>	<u>---</u>	<u>---</u>	<u>2</u>
<u>"</u>	<u>"</u>	<u>" 11, 1923</u>	<u>---</u>	<u>---</u>	<u>3</u>

Should the child be returned home for one of the vacation periods of this enrollment at my request I further agree to pay all expenses, including round-trip railroad fares, sleeping-car fares, meals, lodging, stage fares, telegraph and telephone messages, and other incidental expenses connected with the visit. I further agree that said pupil shall be returned to the Sherman school on or before the last day of the vacation leave of absence. I further agree to deposit with the superintendent of the school sufficient money to defray all expenses to be incurred, and should the child fail to return to school at such time as may have been agreed upon by myself and the superintendent of the school, the amount of money remaining with the superintendent, necessary to the return transportation of the child so neglecting to return, shall be forfeited to the Government.

This 30th day of August, 1924
Two witnesses:

[redacted]

[redacted]
(Parent, guardian, or next of kin.)

P. O., Tijon Ranch, Bakersfield

(Note.—Every blank in this application must be properly filled out by the applicant, in his own handwriting, if possible. The signature, whether by mark or otherwise, must be attested by two witnesses.)

AFFIDAVIT.

I, [redacted], do hereby swear that the statements made in the above application are true.

Sworn to and subscribed before me this 30th day

[redacted]

(Note.—This application and affidavit must be executed before some officer authorized to administer oaths by the parent with whom the child is living; if the parents are dead, by the guardian or next of kin.)

CERTIFICATE OF PHYSICIAN.

I, *Joe Smith*, a practicing physician at *Bakersfield*, Calif., do hereby certify that I have carefully examined the child named in this application, and find that *he* is in proper physical condition to attend school, and is not afflicted with tuberculosis or other disease which would be a menace to the health of other pupils.

This *30* day of *August*, 19*24*, *Joe Smith*, M. D.

VOUCHER OF PERSON ARRANGING FOR TRANSFER.

I hereby certify that I was present and witnessed the execution of the foregoing application made by [redacted]; that its contents were explained or interpreted to [redacted]; that I believe *he* understood the purport thereof; that I was present at the medical examination of the child named herein; that *he* [redacted] in or near the town of *Bakersfield*, (Name of person—parent, guardian, etc.)

the child can not have adequate and proper educational facilities at home for the reason that *at the age at which he needs vocational instruction which cannot be had in the elementary school* *Bakersfield, Calif* [redacted] day of *August*, 19*24* Chief of *Tajone Indian School*

FOIA6

(This voucher must be executed by the official representative of the nonreservation school to which application is made. Pupils and Indians will not be accepted.)

VOUCHERS OF DISINTERESTED PERSONS.

VOUCHER NO. 1.

[redacted], a *teacher of Tajone Indian School*, of *Bakersfield, Calif.*, do hereby certify that I am personally acquainted with [redacted], who makes the foregoing application; that I believe his statements are true; that I am acquainted with [redacted] (Name of child) and recognized in the community in which he lives as an Indian; that in my opinion [redacted] proper and adequate schooling at home for the reason that

vocational training which the school is unable to provide

(If child lives within reach of a public school, whether the State laws permit it to enroll therein, and why it can not attend such school.)

within reach of the Tajone Indian School
attend Sherman Institute for stated reasons.
August, 19*24*, [redacted]

CERTIFICATE OF PHYSICIAN

I, J. G. Smith, a practicing physician of Bakersfield, Calif., do hereby certify that I have carefully examined [redacted] the child named in this application, and find that he is in proper physical condition to attend school, and is not afflicted with tuberculosis or other disease which would be a menace to the health of other pupils.

This 30 day of August, 1924, J. G. Smith, M. D.

VOUCHER OF PERSON ARRANGING FOR TRANSFER.

I hereby certify that I was present and witnessed the execution of the foregoing application made by [redacted]; that its contents were explained or interpreted to her by [redacted] (Name of interpreter); that I believe he understood the purport thereof; that I was present at the medical examination of the child named herein; that he resides with Pete Gomez (Name of person—parent, guardian, etc.) in or near the town of Bakersfield.

that the child can not have adequate and proper educational facilities at home for the reason that he is at the age at which he needs vocational instruction which cannot be had in the elementary school

FOIA6

Dated at Bakersfield, Calif. August 10, 1924

I hereby certify that on JUNE 16, 1924 I made a careful examination of the physical condition of Willie Gomez Chief of Fresno Indian Tribe

the child named in the foregoing application, and found him to be in good physical condition

I, Pete Gomez, who makes the foregoing application; that I believe his statements therein are true; that I am acquainted with Willie Gomez (Name of child); that this school recognized in the community in which he lives as an Indian; that in my opinion

he can not receive proper and adequate schooling at home for the reason that Sept 16, 1924 vocational training at Collee where any school is available to provide Public school facilities.

(Here state whether the child lives within reach of a public school, why the State laws permit it to attend therein, and if it lives near the public school why it can not attend such school.) He has a wish to attend Sherman Institute for stated reasons.

This 30th day of August, 1924

CERTIFICATE OF SCHOOL PHYSICIAN.

I HEREBY CERTIFY that on Aug 30th 1924 I made a careful examination of
the physical condition of ..  ..
the child named in the foregoing application, and found him to be ..
in good health.

FOIA6

I recommend that the said child be enrolled in this school.

This 30th day of August, 1924

Joe H. Smith M.D.
School Physician.

The law provides:

"That hereafter no appropriation, except appropriations made pursuant to treaties, shall be used to educate children of less than one-fourth Indian blood whose parents are citizens of the United States and of the State wherein they live and where there are adequate free school facilities provided." (Act of May 25, 1918 (40 Stat. L., 564).)

EXTRACT FROM SCHOOL RULES.

If the facilities of a school are not needed as provided in the above paragraph, children showing any Indian blood, whose parents live on an Indian reservation, and who if debarred from Government schools could not obtain an education, may be enrolled in the day and boarding schools of their reservation; these children, however, may not be transferred to nonreservation schools without special permission from the Commissioner of Indian Affairs.

Before enrolling a pupil superintendents must satisfy themselves whether he has left any other school without permission and whether he has been expelled for cause from any other school. A pupil who has been expelled for cause from any Indian school may be reenrolled in any Indian school only with permission of the Commissioner of Indian Affairs. Attention is invited to Circulars Nos. 1039 and 1044, which must be observed.

Indian children whose parents are amply able to pay for their education and who have public school facilities at or near their homes shall not hereafter be enrolled in Government Indian Schools supported by gratuity appropriations, except on payment of actual per capita cost and transportation. (Sec. 6, Declaration of Policy, dated April 17, 1917.)

Sherman Institute,
Riverside, Calif.

March 2, 1986.

[REDACTED]
P. O. Box 878,
Bakersfield, Calif.

Dear Sir:

FOIA6

Acknowledging receipt of your letter
of the 27th inst., I wish to advise that [REDACTED]
[REDACTED] is here at school and getting along alright.
He has been requested to write to you and you will
nodoubt hear from him in a few days.

Very truly yours,

LP

F. M. Conser
Superintendent.

RECEIVED

JUL 05 2006

ASIA-OFA

**National Archives and Records Administration
Pacific Region (Laguna Niguel)**

Record Group: RG 75, Records of the Bureau of Indian Affairs

Agency or Division: Sherman Institute

Series: Student Case Files (1903-1950)

Folder Title: [REDACTED]

Box Number: 103

FOIA6

For guidance citing records, ask for a copy of *Citing Records in the National Archives of the United States* (GIL 17) or view it at: www.archives.gov/publications/general_information_leaflets/17.html

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Pacific Region (Laguna Niguel)

✓ Reg 00:38

Name [REDACTED]

Age 10/2-20 (16) 17

Tribe Tejon

Degree Full

Post Office Tejon Ranch, California

Date entered, fiscal year 9/2-36, 9/13-37

Original entry 9/2-36

Previous months in school 72

Total months in school 72

FOIA6

Entry grade 9

Present grade 8/10

Distance from public school 1 mile

Number days attendance

Parents [REDACTED]

Agency Sacramento

Religious affiliation Protestant

REMARKS: Leave 12/19-36, Ret. 1/17-37, Home 5/30/37, Ret. 9/13-37,
Home 6/6-38.

SHERMAN INSTITUTE
RIVERSIDE, CALIFORNIA

Application for admission to Sherman School

[Redacted] M. M. F. Oct. 2, 1920
Name of applicant. Sex Date of birth.

Box 1560 Bakersfield, Calif Tejon Full
Home address. Tribe. Degree of Indian blood.

Is a member of
Attends the No preference Church.
Prefers

PUBLIC OR DAY SCHOOL NEAREST HOME TO WHICH APPLICANT IS ELIGIBLE

Name of School Tejon Location: Box 1560 Bakersfield
Post Office

Grades Taught 1-8 Annual Term 10
Number. Months. District

Miles from home [Redacted] County Kern

Is transportation furnished? Finished the grades there
Why does applicant not attend this school?

Grade [Redacted]

SCHOOLS FORMERLY ATTENDED

Name	Place	Dates attended School years.	Grade completed	Reason for leaving
1.				
2.				
3.				
4.				
5.				

Can applicant pay tuition (particularly if high school graduate, or if applicant for commercial or advanced trade course)? [Redacted]

Can applicant pay own transportation? [Redacted]

This boy is ready for high school and there is no High School unless he boards [Redacted]

Reproduced from the holdings of the National Archives and Records Administration
Pacific Region (Laguna Niguel)

DATA REGARDING PARENTS

	FATHER	MOTHER
Name in full	Dead	[REDACTED]
Is parent living?	No	Yes
Home post office		Tejon Ranch, Bakersfield
Agency post office		Sacramento
Degree of Indian blood	Full Roll No.	Roll No. Full
How much land is owned?		
How much taxable?		
Estimated value of land	Annual income	Annual income
Other income. Source		State funds
Amount		
Owens home	No. of rooms	No. of rooms
Number living here		
Education		
Occupation		None
Language spoken in home		Spanish
Do parents live together?	No	Stepfather? no Stepmother? no
With whom does applicant make home?	Mother	Family dependant on relief? Health problems in family?
If parents are not living, or if student does not live with parents, give name, address, relationship, and any special information concerning nearest relatives:		

FOIA6

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Other social problems in or surrounding home: _____

What members of family are employed in the government service?

Name _____ Relation to applicant _____

Position _____ Permanent? _____ Salary _____

Name _____ Relation to applicant _____

Position _____ Permanent? _____ Salary _____

I hereby voluntarily consent and agree to this enrollment. I also give my consent to emergency operations and to minor operations such as the removal of tonsils, while the child is in school, if such procedure is necessary.

I recommend enrollment and suggest the following type of program for applicant:

Signature of Parent.

Signature of Applicant

Approved: _____
Superintendent.

Social Worker

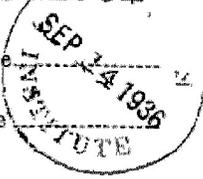
Educational Field Agent

Principal

OK DM'S

APPLICATION FOR ADMISSION TO NON-RESERVATION SCHOOL

To Sherman Indian School, located at _____ State _____
 From Sacramento Jurisdiction. Approved by _____ Date _____
 Title _____



PUPIL

Application for enrollment of _____ to enter grade 9
 Date of birth Oct. 2, 1920 Age 16 Sex Male
Box 1560
 P. O. address Bakersfield, Cal. Tribe Tejon Degree of blood Full
Tejon Ranch

PUBLIC OR DAY SCHOOL NEAREST TO APPLICANT'S HOME

Name of school Tejon **FOIA6** Box 1560
 1. Post office Bakersfield
 Grades taught 1-8 Location: 2. District _____
 Number of months in annual term 9 10 3. County Kern
 Why do you not attend this school? Finished the grades there

INFORMATION REQUIRED

	FATHER	MOTHER
Name in full	Dead	_____
Is parent living?	No	Yes
Home post office	XX	Tejon Ranch, Bakersfield
Agency post office	XX	Sacramento
Degree of blood	Full	Full
Roll No.		Roll No.
How much land is owned?	No	No
How much taxable?		
Estimated value of land		
Annual income from land		
Other income		State funds
Source		
Amount		
Owns home		No
Number of rooms		Number of rooms
Number living there		
Education	XX	None
Occupation		
Language spoken in home		Spanish

To what church do you belong? No preference

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 Pacific Region (Laguna Niguel)

Do parents live together?.....(ther dead).....

Is there a stepfather? No..... Stepmother? No.....

With whom do you make your home? mother.....

How many brothers of school age? none..... In school? Where?

How many sisters of school age? none..... In school? Where?

Can this pupil pay own transportation to school? Yes.....

If can not, why not?.....

REMARKS:.....

Indicate first, second, and third choices of trades or vocations you would like to prepare for by putting 1, 2, and 3 in the parentheses () before the trade named: () Arts and Crafts, Weaving; () Laundering; () Cookery; () Clothing or Dressmaking; () Gardening; () Poultry; () Baking; () Barbering; () Chauffeur; () Tailoring; () Cleaning and Pressing; () Concrete Work; () Interior Decorating; () Landscape Gardening; () Dairying; () Farming; () Farm Mechanics; () Stock Raising; () Plumbing; () Electricity; () Steam Fitting and Power Plant Operation; () Machinist; () Forging and Welding; () Sheet Metal; () Painting; () Carpentry and Woodworking; () Plastering; () Stonemasonry and Bricklaying; () Auto Mechanics; () Printing; ()

State the reasons for each choice:

What trade experience have you had?.....

Indicate what plans you have for (a) Further study; (b) Employment after having completed the course.

I, the undersigned, do hereby voluntarily consent and agree to this enrollment in said school for a term of four years, or to complete the course of study prescribed by the school and also obligate myself to abide by all rules and regulations for Indian schools.

FOIA6

WITNESS:

Geo. A. Knowlton



(Parent, guardian, or next of kin)

(P. O. address)

8-7731

(2)

Reproduced from the holdings of the National Archives and Records Administration Pacific Region (Aaguna Niguel)

MEDICAL CERTIFICATE

Name _____ Sex _____ Age _____ Weight _____ Height _____
 Skin _____ Eyes _____ Vision _____ Ears _____
 Hearing _____ Nose _____ Sinuses _____ Teeth _____
 Gums _____ Tonsils _____ Pharynx _____ Neck _____
 Chest _____ Lungs _____ Heart _____ Pulse _____
 Hemorrhoids _____ Genitals _____ Lymph nodes _____
 Nervous system _____ Varicose veins _____ Feet _____
 Urinalysis (where indicated) _____
 Vaccinations: Date _____ Smallpox _____ Typhoid _____
 Diphtheria _____ Recommendations _____

Which of the following diseases has applicant had or shows evidence of having had (underscore):
 Chickenpox, Diphtheria, Measles, Tuberculosis, Typhoid, Scarlet Fever, Smallpox, Whooping Cough,
 other _____

I, a duly licensed practicing physician, do hereby certify that I have carefully examined this applicant and find him in proper physical condition to attend school; that there is no deviation from the normal other than has been noted above, and that applicant is not afflicted with tuberculosis or other contagious disease which would menace the health of other pupils. A thorough examination has been made and no evidence found to indicate venereal disease.

REMARKS: *

Date _____, M. D.

Address _____

* These should include a statement as to degree of robustness and nutrition. If evidence exists of tuberculosis, is it active or arrested?

CERTIFICATE OF ENROLLING FIELD OFFICIAL

I do do not recommend the enrollment of this pupil for the following reasons: *This boy is ready for high school and there is no high school available unless he boards away from home.*

Edward Swengel
 (Superintendent, Supervisor, Dep. School Representative, School Social Worker)
 Education Field agent

CERTIFICATE OF SCHOOL ACCEPTING ENROLLMENT

Applicant is (enrolled, transferred, dismissed) for the following reasons: _____

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 Pacific Region (Laguna Niguel)

INSTRUCTIONS

The Secretary of the Interior is authorized by law to make and enforce such rules and regulations as may be necessary to secure the enrollment and regular attendance of eligible Indian children who are wards of the Government in schools maintained for their benefit by the United States or in public schools.

No appropriations, except appropriations made pursuant to treaties, may be used to educate children of less than one-fourth Indian blood whose parents are citizens of the United States and of the State wherein they live and where there are adequate free school facilities provided.

No Indian pupil under the age of 14 years may be transported at Government expense to any Indian school beyond the limits of the State or Territory in which the parents of such child reside or of the adjoining State or Territory.

Preference in all cases must be given to those children who (a) have a greater degree of Indian blood; and (b) who would be denied an education if not admitted to Indian schools. Indian children are not to be enrolled in Indian boarding schools if suitable and adequate local school facilities are available and home conditions are such that they can be admitted without prejudice because of their health or the conditions under which they live.

Applicants whose parents have ample financial resources may not be enrolled, except upon payment of tuition. Pupils will be required to pay their transportation expenses if they have sufficient funds with which to do so.

Pupils must not be enrolled in any nonreservation boarding school without a duly executed certificate of transfer in form prescribed by the Indian Office. Pupils must not be transferred from one nonreservation school to another, except for good reasons shown, supported by recommendations from the superintendent of the former school.

The information as to public school facilities called for (first page hereof) must be given, and all superintendents are especially directed to exhaust every means to secure enrollment of Indian children in State public schools or in local day schools before recommending them for boarding school enrollment.

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Pacific Region (Laguna Niguel)

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**National Archives and Records Administration
Pacific Region (Laguna Niguel)**

Record Group: RG 75, Records of the Bureau of Indian Affairs

Agency or Division: Sherman Institute

Series: Student Case Files (1903-1950)

Folder Title: [REDACTED]

Box Number: 251

FOIA6

For guidance citing records, ask for a copy of *Citing Records in the National Archives of the United States* (GIL 17) or view it at: www.archives.gov/publications/general_information_leaflets/17.html

Home

APPLICATION FOR ADMISSION TO NON-RESERVATION SCHOOL AND TEST OF ELIGIBILITY

To St. James Institute Indian School, located at Revere State Calif
From Sacramento Jurisdiction. Approved by _____ Date _____
Title _____



Application for enrollment of _____ to enter grade 8
Date of birth Aug 19, 1911 Age 18 Sex M
P. O. address Bealeville Bar 1560 Tribe Yegin Degree of blood 2
Lives in town country. How far from public school? 1/2 mi Length of term 10 mos
Grades in this school 8 Number of teachers 1
Why do you not attend this school? Getting too old

RECORD OF ATTENDANCE	NUMBER YEARS	DATES	WHERE
Primary grades (beg. 1, 2, and 3)	<u>1, 2, 3</u>	<u>-</u>	<u>Yegin</u>
Elementary grades (4, 5, and 6)	<u>4, 5, 6</u>	<u>-</u>	<u>do</u>
Junior high school (7, 8, and 9)	<u>7, 8</u>	<u>1929</u>	<u>do</u>
Senior high school (10, 11, and 12)			

Why do you wish to enroll in an Indian school? For industrial training

VOCATIONAL

Underscore any three trade courses you prefer in order of preference:
Agriculture, Auto Mechanics, Baking, Business, Carpentry, Dairying, Engineering, Home Economics,
Masonry, Mechanical Drawing, Nursing, Normal Training, Painting, Poultry, Physical Education, Shoe
and Harness Repair, Tailoring.

What industrial or trade experience have you had? No
What training or experience have you had in music? No
What athletic experience have you had? No
What is your church preference? Catholic

Reproduced from the holdings of the National Archives and Records Administration
Pacific Region (Laguna Niguel)

MEDICAL CERTIFICATE

Name _____ Sex _____ Age _____ Weight _____ Height _____
Skin _____ Eyes _____ Vision _____ Ears _____
Hearing _____ Nose _____ Sinuses _____ Teeth _____
Gums _____ Tonsils _____ Pharynx _____ Neck _____
Chest _____ Lungs _____ Heart _____ Pulse _____
Hemorrhoids _____ Genitals _____ Lymph nodes _____
Nervous system _____ Varicose veins _____ Feet _____
Urinalysis (where indicated) _____
Vaccinations: Date _____ Smallpox _____ Typhoid _____
Diphtheria _____ Recommendations _____

Which of the following diseases has applicant had or shows evidence of having had (underscore):

Diphtheria _____ Syphilis _____ Tuberculosis _____ Typhoid _____

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

CERTIFICATE OF SCHOOL PHYSICIAN

I therefore recommend that the said child be _____ enrolled in this school.

CERTIFICATE OF ENROLLMENT FIELD OFFICIAL

Oct 19 1929
Date

Physician

CERTIFICATE OF SCHOOL ACCEPTING ENROLLMENT

Applicant is (enrolled, transferred, dismissed) for the following reasons:

(Superintendent, Principal)

(3)

6-7781

Reproduced from the holdings of the National Archives and Records Administration Pacific Region (Laguna Niguel)

DATA REGARDING PARENTS

	FATHER	MOTHER
Name	[REDACTED]	[REDACTED]
Is parent living?	<i>Yes</i>	<i>Yes</i>
Home post office	<i>Bakersfield</i>	<i>Bakersfield</i>
Agency post office	---	---
Roll number	---	---
Degree of blood	<i>True</i>	<i>True</i>
How much land is owned?	---	---
How much taxable?	---	---
Estimated value of land	---	---
Annual income from land	---	---
Other income	---	---
Source	---	---
Amount	---	---
Pays taxes on		
Land		
Personal property		
Owens home		
Number of rooms		
Number living there		
Education		
Occupation		

FOIA6

Do parents live together? *No*

Is there a stepfather? *No* Stepmother? *No*

With whom do you make your home? *Mother*

How many brothers of school age? *1* In school? *1* Where? *Jayon*

How many sisters of school age? *0* In school? *0* Where? *0*

Can this pupil pay own transportation to school? *---*

If can not, why not? *---*

REMARKS: _____

I, the undersigned, do hereby voluntarily consent and agree to this enrollment in said school for a term of four years, or to complete the course of study prescribed by the school and also obligate myself to abide by all rules and regulations for Indian schools.

WITNESS:

[REDACTED]

(Parent, guardian, or next of kin)
Bakersfield, Ca 93308
 (P. O. address)

INSTRUCTIONS

LAWS

Hereafter the Secretary of the Interior is authorized to make and enforce such rules and regulations may be necessary to secure the enrollment and regular attendance of eligible Indian children who are wards of the Government in schools maintained for their benefit by the United States or in public schools.

That hereafter no appropriation, except appropriations made pursuant to treaties, shall be used to educate children of less than one-fourth Indian blood whose parents are citizens of the United States and of the State wherein they live and where there are adequate free school facilities provided.

No Indian pupil under the age of 14 years shall be transported at Government expense to any Indian school beyond the limits of the State or Territory in which the parents of such child reside or of the adjoining State or Territory.

EXTRACTS FROM SCHOOL RULES

No Indian youth over 20 years of age shall be admitted to any Indian school, except those maintaining senior high school grades, which schools may enroll up to 21 years of age, for special vocational courses without the consent of the Commissioner of Indian Affairs. No pupil over the age of 21 years shall be continued in school, except in senior high schools, without the approval of the Commissioner of Indian Affairs.

Preference in all cases shall be given to those children who (a) have a greater degree of Indian blood and (b) who would be denied an education if not admitted to Indian schools. Indian children shall not be enrolled in Indian schools if suitable and adequate public school facilities are available and home conditions are such that they can be admitted without prejudice because of their health or the conditions under which they live.

Applicants whose parents have ample financial resources shall not be enrolled, except upon payment of tuition. Pupils shall be required to pay their transportation expenses if they have sufficient funds to do so.

Before enrolling a pupil, superintendents must satisfy themselves whether he has deserted from another school or has been expelled for cause. A pupil who has deserted or been expelled for cause from another school may not be re-enrolled, except upon mutual agreement of superintendents concerned.

Pupils shall not be enrolled in any nonreservation school without a duly executed certificate of transfer in form prescribed by the Indian Office. Pupils shall not be transferred from one nonreservation school to another, except for good reasons shown, supported by recommendations from the superintendent of the former school.

The information as to public school facilities called for (first page hereof) must be given, and all superintendents are especially directed to exhaust every means to secure enrollment of Indian children in the State public schools, pursuant to instructions heretofore issued in this regard.

U. S. GOVERNMENT PRINTING OFFICE: 1906 5-7781

**National Archives and Records Administration
Pacific Region (Laguna Niguel)**

Record Group: RG 75, Records of the Bureau of Indian Affairs

Agency or Division: Sherman Institute

Series: Student Case Files (1903-1950)

Folder Title: [REDACTED]

Box Number: 251

FOIA6

Deletia
8/31/31

Name [REDACTED]

Age 18 *8/19-1971*

Tribe Tejon

Degree [REDACTED]

P. O. Tejon, Calif.

Date entered, fiscal year 8/31/30

Original entry 8/31/30

Previous months in school 54

Total months in school 5863

Industry *Auto. mech.*

Entry grade [REDACTED]

Present grade [REDACTED]

Distance from public school 10

No. days [REDACTED]

Parents [REDACTED]

Village or Agency Baoreamento

Religious affiliation Catholic

Remarks *Dec 1/2-31 Rtd 7 3 Dec 3/2 Rtd 1/2*
Dropped 7/31-31

FOIA6

**APPLICATION FOR ADMISSION TO NON-RESERVATION SCHOOL
AND TEST OF ELIGIBILITY**

To Sturman Indian School, located at Riverside State Cal.
From Sacramento Jurisdiction. Approved by [redacted] Date Sept 8, 1999
Title Wayland Paper

PUPIL

FOIA6

Application for enrollment of [redacted] to enter grade 7th
Date of birth [redacted] Age [redacted] Sex [redacted]
P. O. address 7001 Ranch Tribe Shoshone Degree of blood Full
Lives in { town. / country. How far from public school? 3 miles Length of term 3
Grades in this school 7 Number of teachers 1
Why do you not attend this school? Residence

RECORD OF ATTENDANCE	NUMBER YEARS	DATES	WHERE
Primary grades (beg. 1, 2, and 3)			
Elementary grades (4, 5, and 6)			
Junior high school (7, 8, and 9)			
Senior high school (10, 11, and 12)			

Why do you wish to enroll in an Indian school? _____

VOCATIONAL

Underscore any three trade courses you prefer in order of preference:
Agriculture, Auto Mechanics, Baking, Business, Carpentry, Dairying, Engineering, Home Economics,
Masonry, Mechanical Drawing, Nursing, Normal Training, Painting, Poultry, Physical Education, Shoe
and Harness Repair, Tailoring.

What industrial or trade experience have you had? _____

What training or experience have you had in music? _____

What athletic experience have you had? _____

What is your church preference? _____

Reproduced from the holdings of the National Archives and Records Administration
Pacific Region (Laguna Niguel)

MEDICAL CERTIFICATE

Name _____ Sex _____ Age _____ Weight _____ Height _____

Skin _____ Eyes _____ Vision _____ Ears _____

Hearing _____ Nose _____ Sinuses _____ Teeth _____

Gums _____ Tonsils _____ Pharynx _____ Neck _____

Chest _____ Lungs _____ Heart _____ Pulse _____

Hemorrhoids _____ Genitals _____ Lymph nodes _____

Nervous system _____ Varicose veins _____ Feet _____

Urinalysis (where indicated) _____

Vaccinations: Date _____ Smallpox _____ Typhoid _____

Recommendations _____

of the following diseases has applicant had or shows evidence of having had (underscore):
Cholera, Diphtheria, Measles, Tuberculosis, Typhoid, Scarlet Fever, Smallpox, Whooping Cough,

I, _____, a duly licensed practicing physician, do hereby certify that I have carefully examined this applicant and find him in proper physical condition to attend school; that there is no deviation from the normal other than that noted above, and that applicant is not afflicted with tuberculosis or other contagious disease which might endanger the health of other pupils. A thorough examination has been made and no evidence of general disease is indicated.

Signature: _____, M. D.

Address _____

Should include a statement as to degree of robustness and nutrition. If evidence exists of tuberculosis, is it active?

CERTIFICATE OF ENROLLING FIELD OFFICIAL

and the enrollment of this pupil for the following reasons: _____

(Superintendent, Supervisor, Day School Inspector)

CERTIFICATE OF SCHOOL ACCEPTING ENROLLMENT

Applicant is (enrolled, transferred, dismissed) for the following reasons: _____

(Superintendent, Principal)

Reproduced from the holdings of the National Archives and Records Administration
 Pacific Region (Rayma Niguel)

MEDICAL CERTIFICATE

Name _____ Sex _____ Age _____ Weight _____ Height _____
 Skin _____ Eyes _____ Vision _____ Ears _____
 Hearing _____ Nose _____ Sinuses _____ Teeth _____
 Throat _____ Tonsils _____ Pharynx _____ Neck _____
 Chest _____ Lungs _____ Heart _____ Pulse _____
 Hemorrhoids _____ Genitals _____ Lymph nodes _____
 Nervous system _____ Varicose veins _____ Feet _____
 Urinalysis (where indicated) _____
 Vaccinations: Date _____ Smallpox _____ Typhoid _____
 Diphtheria _____ Recommendations _____

Which of the following diseases has appeared since the child's last examination?
 Chickenpox, Diphtheria, Measles, Typhoid, Scarlet Fever, Mumps, Whooping Cough,
 other _____

CERTIFICATE OF SCHOOL PHYSICIAN

I, a duly licensed practicing physician, have examined the child named above and find him in proper physical condition for school enrollment. No abnormal condition has been noted above, and that no venereal disease has been observed. I hereby certify that on Oct. 1, 1930, I made a careful examination of the physical condition of _____ the child.

REMARKS: _____
 stated in the foregoing application, and found him to be physically fit except for enlarged tonsils

FOIA6

I therefore recommend that the said child be _____ enrolled in this school.

*These should include a statement of the child's previous history of disease.

Oct. 8 1930
 Date _____ Physician _____

I recommend the enrollment of the child named above. Sherman Press 9-22-'25 1000

CERTIFICATE OF SCHOOL ACCEPTING ENROLLMENT

Applicant is (enrolled, transferred, dismissed) for the following reasons: _____

DATA REGARDING PARENTS

	FATHER	MOTHER
Name		
Is parent living?		
Home post office		
Agency post office		
Roll number		
Degree of blood		
How much land is owned?	7.111	
How much taxable?	7.111	
Estimated value of land		
Annual income from land		
Other income		
Source		
Amount		
Pays taxes on		
Land		
Personal property		
Owens home		
Number of rooms		
Number living there		
Education		
Occupation		

Do parents live together? Yes

Is there a stepfather? Yes Stepmother? Yes

With whom do you make your home? _____

How many brothers of school age? _____ In school? Yes Where? Yes

How many sisters of school age? _____ In school? _____ Where? _____

Can this pupil pay own transportation to school? _____

If can not, why not? _____

REMARKS: _____

I, the undersigned, do hereby voluntarily consent and agree to this enrollment in said school for a term of four years, or to complete the course of study prescribed by the school and also obligate myself to abide by all rules and regulations for Indian schools.

WITNESS: _____

FOIA6 [Redacted Signature]

(P. O. address) _____

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 Pacific Region (Laguna Niguel)

DATA REGARDING PARENTS

	FATHER	MOTHER
Name.....	[REDACTED]	
Is parent living?.....	[REDACTED]	
Home post office.....		
Agency post office.....		
Roll number.....		
Degree of blood.....		
How much land is owned?.....		
How much taxable?.....		
Estimated value of land.....		
Annual income from land.....		
Other income.....		
Source.....		
Amount.....		
Pays taxes on.....		
Land.....		
Personal property.....		
Owens home.....		
Number of rooms.....		
Number living there.....		
Education.....		
Occupation.....		

FOIA6

Do parents live together.....

Is there a stepfather?.....

With whom do you make.....

How many brothers of school.....

.....

How many sisters of school a.....

.....

Can this pupil pay own transp.....

If can not, why not?.....

REMARKS:.....

I, the undersigned, do hereby of four years, or to complete the c by all rules and regulations for Ind

WITNESS:

.....

.....

(Parent, guardian, or next of kin)

(P. O. address)

6-7761

(2)

CERTIFICATE OF SCHOOL PHYSICIAN
 on [Signature]
 for of [Signature]
 applied [Signature]
 to be [Signature]
 of the child [Signature]
 examination [Signature]
 of the child [Signature]
 enrolled in this [Signature]
 of the said child [Signature]
 Physician [Signature]
 Sherman Press 2-22-23 1000

INSTRUCTIONS

LAWS

Hereafter the Secretary of the Interior is authorized to make and enforce such rules and regulations may be necessary to secure the enrollment and regular attendance of eligible Indian children who are wards of the Government in schools maintained for their benefit by the United States or in public schools.

That hereafter no appropriation, except appropriations made pursuant to treaties, shall be used to educate children of less than one-fourth Indian blood whose parents are citizens of the United States in the State wherein they live and where there are adequate free school facilities provided.

No Indian pupil under the age of 14 years shall be transported at Government expense to any Indian school beyond the limits of the State or Territory in which the parents of such child reside or of the adjoining State or Territory.

EXTRACTS FROM SCHOOL RULES

No Indian youth over 20 years of age shall be admitted to any Indian school, except those maintaining senior high school grades, which schools may enroll up to 21 years of age, for special vocational course without the consent of the Commissioner of Indian Affairs. No pupil over the age of 21 years shall be continued in school, except in senior high schools, without the approval of the Commissioner of Indian Affairs.

Preference in all cases shall be given to those children who (a) have a greater degree of Indian blood and (b) who would be denied an education if not admitted to Indian schools. Indian children shall not be enrolled in Indian schools if suitable and adequate public school facilities are available and home conditions are such that they can be admitted without prejudice because of their health or the conditions under which they live.

Applicants whose parents have ample financial resources shall not be enrolled, except upon payment of tuition. Pupils shall be required to pay their transportation expenses if they have sufficient funds to do so.

Before enrolling a pupil, superintendents must satisfy themselves whether he has deserted from another school or has been expelled for cause. A pupil who has deserted or been expelled for cause from another school may not be reenrolled, except upon mutual agreement of superintendents concerned.

Pupils shall not be enrolled in any nonreservation school without a duly executed certificate of transfer in form prescribed by the Indian Office. Pupils shall not be transferred from one nonreservation school to another, except for good reasons shown, supported by recommendations from the superintendent of the former school.

The information as to public school facilities called for (first page hereof) must be given, and all superintendents are especially directed to exhaust every means to secure enrollment of Indian children in the State public schools, pursuant to instructions heretofore issued in this regard.

U. S. GOVERNMENT PRINTING OFFICE: 1924 6-7734

5-354.

CASE RECORD.

name [redacted] School Sherman Institute
 Sex M Born Aug. 1912 Tribe Tajon E-466
 Home Agency [redacted] Home Address Tajon Calif Parent or Guardian [redacted]

Family History	Living	Condition of Health	Age	Dead	Cause of death
Father	<u>yes</u>	<u>well</u>			
Mother	<u>yes</u>	<u>well</u>			
Sisters	(No)			(No)	
Brothers	(No) <u>3</u>	<u>well</u>		(No)	

FOIA6

Has pupil had Measles _____; Diphtheria _____; Pertussis _____; Influenza yes
 Scarlet Fever _____; Smallpox yes Date vaccinated not vac Date of examination Aug. 30, 1930

Examination Record: Record opposite name semiannually physical findings. Indicate normal (N); trachoma (Tr.); vaccination (Pos. or Neg.); enlarged glands (Enl.); if closed add (C); open (O).

School Year	1930-31		192		192		192		192	
	1st semester	2d semester								
Age	<u>18</u>									
Height	<u>5'1"</u>									
Weight	<u>106</u>									
School grade	<u>7</u>									
Temperature	<u>98.6</u>									
Pulse rate	<u>64</u>									
Vaccination										
Condition of eyes	<u>neg</u>									
Vision	<u>20/20</u>									
Throat and tonsils	<u>Enl</u>									
Teeth										
Ears	<u>neg</u>									
Hearing	<u>20/20</u>									
Cervical glands	<u>neg</u>									
Skin	"									
Trachoma	"									
Lungs:										
Inspection	"									
Impaired resonance	"									
Dullness	"									
Abnormal bronchial sounds	"									
Rales	"									

Signify areas thus: Apexes, RA-LA; Upper halves, UHL-UHR; anterior or post, A-P; designate under inspection flat chest, F C; pigeon breast, P B; limited respiratory movement, L R S-R or L; designate rales via: Moist, M; dry, D; crepitant, C; etc.

Diph. T. A. T }
 Vaccination } Sept 1930

GOVERNMENT PRINTING OFFICE
6-5556

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**National Archives and Records Administration
Pacific Region (Laguna Niguel)**

Record Group: RG 75, Records of the Bureau of Indian Affairs

Agency or Division: Sherman Institute

Series: Student Case Files (1903-1950)

Folder Title: 

Box Number: 120

FOIA6

For guidance citing records, ask for a copy of *Citing Records in the National Archives of the United States* (GIL 17) or view it at: www.archives.gov/publications/general_information_leaflets/17.html

5-192
(Feb., 1933)

ON 1003

97 2047

APPLICATION FOR ADMISSION TO NON-RESERVATION SCHOOL

To Sherman Institute Indian School, located at Riverside State Calif
From Sacramento Agency Jurisdiction. Approved by _____ Date _____
Title _____

Application for enrollment of _____ to enter grade 7th
Date of birth Dec 30 March 3, 1923 Age 11 Sex girl
P. O. address Box 1560 Bakersfield, Cal. Tribe Tjion Degree of blood 3/4

PUBLIC OR DAY SCHOOL NEAREST TO APPLICANT'S HOME

Name of school Indian School 1. Post office Bakersfield
Grades taught 1-8 Location: 2. District Indian School
Number of months in annual term 10 3. County Kern

FOIA6

Why do you not attend this school? My father wants to send me to Sherman Institute in order that I may learn to become a good house keeper.

INFORMATION REQUIRED

	FATHER	MOTHER
Name in full	_____	_____
Is parent living?	<u>yes</u>	<u>yes</u>
Home post office	<u>Box 1560, Bakersfield, Cal.</u>	<u>Box 1560, Bakersfield, Cal.</u>
Agency post office	<u>Sacramento</u>	<u>Sacramento</u>
Degree of blood	<u>3/4</u> Roll No. <u>6, 614</u>	<u>3/4</u> Roll No. <u>6, 614</u>
How much land is owned?	<u>none</u>	<u>none</u>
How much taxable?	<u>none</u>	<u>none</u>
Estimated value of land	<u>none</u>	<u>none</u>
Annual income from land	<u>none</u>	<u>none</u>
Other income	<u>\$18.75</u>	<u>none</u>
Source	<u>County Aid</u>	<u>no</u>
Amount	<u>no</u>	<u>no</u>
Owns home	<u>no</u> Number of rooms <u>3</u>	<u>no</u> Number of rooms _____
Number living there	<u>none</u>	_____
Education	<u>Can read and write</u>	<u>Can not read and write</u>
Occupation	<u>Unable to work</u>	<u>house keeping</u>
Language spoken in home	<u>Spanish</u>	<u>Spanish</u>

To what church do you belong? Catholic

9-7781

Do parents live together? *ye*

Is there a stepfather? *no* Stepmother? *no*

With whom do you make your home? *father and mother*

How many brothers of school age? *none* In school? *none* Where? *none*

How many sisters of school age? *one* In school? *yes* Where? *Indian*

Indian School

Can this pupil pay own transportation to school? *no*

If can not, why not? *my father has no work*

REMARKS:

Indicate first, second, and third choices of trades or vocations you would like to prepare for by putting 1, 2, and 3 in the parentheses () before the trade named: (3) Arts and Crafts, Weaving; () Laundering; (1) Cookery; (2) Clothing or Dressmaking; () Gardening; () Poultry; () Baking; () Barbering; () Chauffeur; () Tailoring; (4) Cleaning and Pressing; () Concrete Work; (5) Interior Decorating; () Landscape Gardening; () Dairying; () Farming; () Farm Mechanics; () Stock Raising; () Plumbing; () Electricity; () Steam Fitting and Power Plant Operation; () Machinist; () Forging and Welding; () Sheet Metal; () Painting; () Carpentry and Woodworking; () Plastering; () Stone Masonry and Bricklaying; () Auto Mechanics; () Printing; ()

State the reasons for each choice:

I wish to become a house keeper.

What trade experience have you had? *not any*

Indicate what plans you have for (a) Further study; (b) Employment after having completed the course.

Employment after having completed the course.

I, the undersigned, do hereby voluntarily consent and agree to this enrollment in said school for a term of four years, or to complete the course of study prescribed by the school and also obligate myself to abide by all rules and regulations for Indian schools.

FOIA6

WITNESS:

Derry S Sprague
Geo. A. Knowles

[Redacted Signature]

(Parent, guardian, or next of kin)

Box 1560 Bakersfield, Calif.
(P. O. address) 6-7761

FOIA6

MEDICAL CERTIFICATE

Name [REDACTED] Sex F Age 14 Weight 150 Height _____
 Skin Normal Eyes Normal Vision Normal Ears Normal
 Hearing Normal Nose Normal Sinuses Reg. Teeth Good
 Gums Normal Tonsils Normal Pharynx Normal Neck Normal
 Chest Normal Lungs Normal Heart Normal Pulse Normal
 Hemorrhoids no Genitals Normal Lymph nodes Normal
 Nervous system Normal Varicose veins no Feet Normal
 Urinalysis (where indicated) _____
 Vaccinations: Date 1936 Smallpox Typhoid _____
 Diphtheria _____ Recommendations _____

Which of the following diseases has applicant had or shows evidence of having had (underscore):
Chickenpox, Diphtheria, Measles, Tuberculosis, Typhoid, Scarlet Fever, Smallpox, Whooping Cough,
 other _____

I, a duly licensed practicing physician, do hereby certify that I have carefully examined this applicant and find him in proper physical condition to attend school; that there is no deviation from the normal other than has been noted above, and that applicant is not afflicted with tuberculosis or other contagious disease which would menace the health of other pupils. A thorough examination has been made and no evidence found to indicate venereal disease.

REMARKS: * Patient is in good general physical and mental condition.

Date September 8, 1937.

Wm. S. Debon, M. D.

Address Keen Hill Vesp., Baker Field California

* These should include a statement as to degree of robustness and nutrition. If evidence exists of tuberculosis, is it active or arrested?

CERTIFICATE OF ENROLLING FIELD OFFICIAL

I do recommend the enrollment of this pupil for the following reasons: This girl desires to enter boarding school in order to obtain vocational work that she cannot receive in the public schools. I am enclosing a letter from Mrs. Anna B. Knowles, her teacher.

Edward Svergel
 (Superintendent, Supervisor, Day-School-Representative, School Social Worker)
Enrollment field agent

CERTIFICATE OF SCHOOL ACCEPTING ENROLLMENT

Applicant is (enrolled, transferred, dismissed) for the following reasons: _____

(3) (Superintendent, Principal) 6-7701

Encl.

Sherman Institute
Riverside, California
October 18, 1937

FOIA6

[REDACTED]
Post Office Box 1500
Kern County
Bakersfield, California

Your application for entrance to Sherman Institute has been approved. You should plan to be here two or three days before school begins.

We will furnish you transportation to Sherman either by train or bus. If some reliable person brings you we can pay them an amount equal to your fare by the cheapest way, however we cannot be responsible for any such arrangements.

Shortly before the first of September we will send you or your Indian agent an order for your transportation.

All Sherman students are expected to behave, study, apply themselves and conform to the rules and regulations of the school. Failure to do this satisfactorily will be considered grounds for dismissal.

Sherman graduates carry with them the reputation of good vocational training and education and the backing and recommendation of the school which generally results in good employment and useful citizenship.

We hope that you will be happy at Sherman and will obtain a good and useful education.

Very truly yours,

Donald H. Biery
Superintendent

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**National Archives and Records Administration
Pacific Region (Laguna Niguel)**

Record Group: RG 75, Records of the Bureau of Indian Affairs

Agency or Division: Sherman Institute

Series: Student Case Files (1903-1950)

Folder Title: [REDACTED]

FOIA6

Box Number: 77

1 of 2

FOLLOW UP RECORD

Sacramento

FOIA6

1. Name [REDACTED] Number _____
2. Home address Box 1632, Bakersfield, Calif.
3. State _____ Reservation _____
4. Source of data Office records
5. Date of data Dec. 14, 1939
6. Origin Country
7. Tribe Tejon
8. Degree of blood Full
9. Color Dark
10. Married or single _____
11. Home status Orphan
12. Father's education _____
13. Mother's education _____
14. Father's occupation _____
15. Mother's occupation _____
16. Brother's occupation _____
17. Sister's occupation _____
18. Health record Normal
19. Athletic record Average
20. Activity record Average
21. Conduct record Fair
22. Outing record _____
23. Academic record Poor
24. Intelligence quotient 94
25. Vocational record Average
26. Attitude toward school _____
27. Previous schooling Tejon Indian School

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Pacific Region (Laguna Niguel)

(over)

28. Years at Sherman Institute 9 years

VOCATIONS TAKEN WHILE AT SHERMAN

29. First year _____

30. Second year _____

31. Third year Home Economics

32. Fourth year do

33. Fifth year "

34. Last year "

35. Grade completed 12th

36. Date graduated 1937

37. Age on leaving Sherman Institute 19 years

OCCUPATION AFTER LEAVING SCHOOL
WITH DATES

38. First _____

39. Second _____

40. Third _____

41. Fourth _____

42. Fifth _____

43. Present occupation Printing Bookkeeper - Robinson

44. How obtained _____

45. Present address 11

46. Domestic status _____

47. Remarks: _____

Reproduced from the holdings of the National Archives and Records Administration
Pacific Region (Laguna Niguel)

SHERMAN INSTITUTE
RIVERSIDE, CALIFORNIA.

Application for admission to Sherman School

FOIA6
Name of applicant

M f F
Sex

Mar. 14, 1918

Date of Birth

Box 1632 Bakersfield, Calif
Home address

Tejon
Tribe

full
Degree of Indian blood.

Is a member of

Attends

Prefers

the _____ Church

37
8
9

PUBLIC OR DAY SCHOOL NEAREST HOME TO WHICH APPLICANT IS ELIGIBLE

Name of School _____ Location: _____

Post office _____

Grades taught _____ Annual Term _____

Number _____ Months _____ District _____

Miles from home _____ County _____

Is transportation furnished? _____ Why does applicant not attend this

School? _____

Grade _____

SCHOOLS FORMERLY ATTENDED

Name	Place	Dates attended School years	Grade Completed	Reason for leaving
1. Tejon Indian School	(Since starting to school)			
2.				
3.				
4.				
5.				

Can applicant pay tuition (particularly if high school graduate, or if applicant for commercial or advanced trade course) ? _____

Can applicant pay own transportation? _____

DATA REGARDING PARENTS

	FATHER	MOTHER
Name in full	[REDACTED] FOIA6	[REDACTED]
Is Parent living?	no	no
Home post office		
Agency post office		
Degree of Indian blood	full	full
Roll No.		
How much land is owned?		
How much taxable?		
Estimated value of land	Annual Income	Annual Income
Other Income. Source		
Amount		
Owms home	No. of rooms	No. of rooms
Number living here		
Education		
Occupation		
Language spoken in home		
Do parents live together?	Stepfather?	Stepmother
applicant make home?	Family dependent on relief?	with whom does Health
problems in family?		
If parents are not living, or if student does not live with parents, give name, address, relationship, and any special information concerning nearest relatives:		

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 Pacific Region (Laguna Niguel)

Other social problems in or surrounding home: _____

What members of family are employed in the government service? .

Name _____	Relation to applicant _____
Position _____	Permanent? _____ Salary _____
Name _____	Relation to applicant _____
Position _____	Permanent? _____ Salary _____

I hereby voluntarily consent and agree to this enrollment. I also give my consent to emergency operations and to minor operations such as the removal of tonsils, while the child is in school, if such procedure is necessary.

I recommend enrollment and suggest the following type of program for applicant:

Signature of Parent

Signature of Applicant

Approved: _____
Superintendent

Social Worker

Educational Field Agent

5-192 a

APPLICATION FOR ENROLLMENT IN A NONRESERVATION SCHOOL
OF A CHILD ENROLLED AT AN AGENCY.

BRIEF.

APPLICATION OF

[REDACTED]

FOR THE ENROLLMENT OF

[REDACTED]

FOIA6

IN THE INDIAN SCHOOL AT

RIVERSIDE, CALIFORNIA

NAME OF AGENCY FROM WHICH PUPIL CAME:

Date of enrollment, _____, 191

Term of enrollment, _____ (_____) years.

NAME OF PERSON ARRANGING FOR THE TRANSFER:

Position, _____

6-870

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 Riverside, California

of [Redacted]; (Fem.); age 10; date of birth Mar. 14, 1918;

Tejon
(Tribe.)

NAME OF FATHER. (Both Indian and English.)	LIVING OR DEAD.	TRIBE.	BAND.	DEGREE OF INDIAN BLOOD.
[Redacted]	Dead	Tejon		<i>Full</i>
NAME OF MOTHER. [Redacted]				
<u>Cordero</u>	Dead	Tejon		<i>Full</i>

FOIA6

I, Jennie Sornborger, do hereby voluntarily consent and agree to her enrollment in said school for a period of _____ years, and also obligate myself to abide by 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.
<u>Tejon Indian School</u>	<u>(Since starting to school)</u>			<i># 2nd EHH</i>

P. O. address: Box 1632

Bakersfield, Calif.

Two witnesses:

Gloria Jutson
Otto Frost

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 _____, 191

Physician at _____ Agency.

CERTIFICATE OF AGENT OR BONDED SUPERINTENDENT.

I hereby certify that the statements made in the foregoing _____ to the best of my knowledge and belief, are true; that the consent of _____ was voluntary.

(Here state whether the child lives within reach of a public school, whether the State laws permit it to enroll therein, and if it lives near the public school why it can not attend such school.)

Child lives in reach of public school but is an orphan and needs opportunity to finish school also needs a home.

FOIA6

CERTIFICATE OF SCHOOL PHYSICIAN

I hereby certify that on Sept, I made a careful examination of the physical condition of _____, the child named in the foregoing application, and found her to be normal

I therefore recommend that the said child be _____ enrolled in this school.

Sept - 1928
Date

W.W. Pollock
Physician

Sherman Press 9-22-'25 1000

INDORSEMENTS.

Applicable 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.)

That no Indian pupil under the age of fourteen years shall be transported at Government expense to any Indian school beyond the limits of the State or Territory in which the parents of such child reside or of the adjoining State or Territory. (35 Stat. L., 781.)

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.

Compliance must be given to all orders and instructions promulgated in connection with the new course of study issued December 1, 1915.

The information as to public school facilities called for in the certificate of the Superintendent (third page hereof) must be given, and all superintendents are especially directed to exhaust every means to secure enrollment of Indian children in the State public schools, pursuant to instructions heretofore issued in this regard.

0-77

Sherman Institute
Riverside, California

Oct. 31, 1933

[REDACTED]
Tejon Ranch
Bakersfield, Calif

FOIA6

Our Dr. Roblee has examined your niece,
[REDACTED] and recommends that, for the good of her
health, her tonsils be removed at an early date.

Before proceeding with the operation it is
necessary for us to secure your permission to do so.
This operation will be performed in our school
hospital at no expense to you.

Please sign the enclosed blank consenting
to the operation and return it at your earliest
convenience in order that the operation may be
performed as soon as possible.

Very truly yours,

Donald H. Biery
Superintendent

B:T

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**National Archives and Records Administration
Pacific Region (Laguna Niguel)**

Record Group: RG 75, Records of the Bureau of Indian Affairs

Agency or Division: Sherman Institute

Series: Student Case Files (1903-1950)

Folder Title: 

Box Number: 121

FOIA6

For guidance citing records, ask for a copy of *Citing Records in the National Archives of the United States* (GIL 17) or view it at: www.archives.gov/publications/general_information_leaflets/17.html

5-192
(Feb. 1933)

O.K. f-29-33
Ch. P. M.

APPLICATION FOR ADMISSION TO NON-RESERVATION SCHOOL

To Sherman Institute Indian School, located at Riverside State Calif.

From Sacramento Jurisdiction. Approved by _____ Date _____

Title _____

PUPIL

Application for enrollment of _____ to enter grade 9

Date of birth January 28, 1916 Age 17 Sex M

P. O. address Bakersfield, Calif. Tribe Tejon Degree of blood 3/4

Box 1560

PUBLIC OR DAY SCHOOL NEAREST TO APPLICANT'S HOME

Name of school Bakersfield, Calif. 1. Post office Bakersfield, Calif.

Grades taught 1-12 Location: FOIA6 2. District Tejon Indian Sch. Dis.

Number of months in annual term 9 mo. 3. County Kern

Why do you not attend this school? 43 miles from home

INFORMATION REQUIRED

	FATHER	MOTHER
Name in full	_____	_____
Is parent living?	<u>Yes</u>	<u>Yes</u>
Home post office	<u>Bakersfield, Calif.</u>	
Agency post office		
Degree of blood	<u>1/2</u> Roll No. _____	<u>F</u> Roll No. _____
How much land is owned?	<u>None</u>	<u>None</u>
How much taxable?		
Estimated value of land		
Annual income from land		
Other income	<u>From his labor</u>	
Source		
Amount		
Owms home	<u>No</u> Number of rooms _____	Number of rooms _____
Number living there	<u>8</u>	
Education	<u>Very little</u>	<u>None</u>
Occupation	<u>Laborer</u>	
Language spoken in home	<u>Spanish & English</u>	

To what church do you belong? Catholic

9-7751

Do parents live together? Yes

Is there a stepfather? _____ Stepmother? _____

With whom do you make your home? Parents

How many brothers of school age? None In school? _____ Where? _____

How many sisters of school age? Three In school? Two Where? Tejon Ind. Sch.

Can this pupil pay own transportation to school? No

If can not, why not? _____

REMARKS: _____

Indicate first, second, and third choices of trades or vocations you would like to prepare for by putting 1, 2, and 3 in the parentheses () before the trade named: () Arts and Crafts, Weaving; () Laundering; () Cookery; () Clothing or Dressmaking; () Gardening; () Poultry; () Baking; () Barbering; () Chauffeur; () Tailoring; () Cleaning and Pressing; () Concrete Work; () Interior Decorating; () Landscape Gardening; () Dairying; (X) Farming; (X) Farm Mechanics; () Stock Raising; () Plumbing; () Electricity; () Steam Fitting and Power Plant Operation; () Machinist; () Forging and Welding; () Sheet Metal; () Painting; () Carpentry and Woodworking; () Plastering; () Stone Masonry and Bricklaying; () Auto Mechanics; () Printing; () _____

State the reasons for each choice:

Because he lives on a farm

What trade experience have you had? None

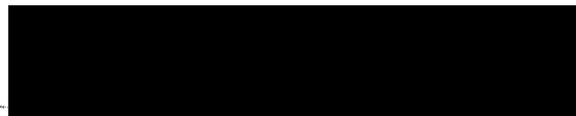
Indicate what plans you have for (a) Further study; (b) Employment after having completed the course.

I, the undersigned, do hereby voluntarily consent and agree to this enrollment in said school for a term of four years, or to complete the course of study prescribed by the school and also obligate myself to abide by all rules and regulations for Indian schools.

WITNESS:

Geo. A. Knowles

FOIA6



MEDICAL CERTIFICATE

Name _____ Sex _____ Age _____ Weight _____ Height _____
Skin _____ Eyes _____ Vision _____ Ears _____
Hearing _____ Nose _____ Sinuses _____ Teeth _____
Gums _____ Tonsils _____ Pharynx _____ Neck _____
Chest _____ Lungs _____ Heart _____ Pulse _____
Hemorrhoids _____ Genitals _____ Lymph nodes _____
Nervous system _____ Varicose veins _____ Feet _____
Urinalysis (where indicated) _____
Vaccinations: Date _____ Smallpox _____ Typhoid _____
Diphtheria _____ Recommendations _____

Which of the following diseases has applicant had or shows evidence of having had (underscore):
Chickenpox, Diphtheria, Measles, Tuberculosis, Typhoid, Scarlet Fever, Smallpox, Whooping Cough,
other _____

I, a duly licensed practicing physician, do hereby certify that I have carefully examined this applicant and find him in proper physical condition to attend school; that there is no deviation from the normal other than has been noted above, and that applicant is not afflicted with tuberculosis or other contagious disease which would menace the health of other pupils. A thorough examination has been made and no evidence found to indicate venereal disease.

REMARKS: *

Date _____, M. D.

Address _____

* These should include a statement as to degree of robustness and nutrition. If evidence exists of tuberculosis, is it active or arrested?

CERTIFICATE OF ENROLLING FIELD OFFICIAL

I { do } recommend the enrollment of this pupil for the following reasons: _____

(Superintendent, Supervisor, Day School Representative, School Social Worker)

CERTIFICATE OF SCHOOL ACCEPTING ENROLLMENT

Applicant is (enrolled, transferred, dismissed) for the following reasons: _____

(3)

(Superintendent, Principal)

6-7761

INSTRUCTIONS

The Secretary of the Interior is authorized by law to make and enforce such rules and regulations as may be necessary to secure the enrollment and regular attendance of eligible Indian children who are wards of the Government in schools maintained for their benefit by the United States or in public schools.

No appropriations, except appropriations made pursuant to treaties, may be used to educate children of less than one-fourth Indian blood whose parents are citizens of the United States and of the State wherein they live and where there are adequate free school facilities provided.

No Indian pupil under the age of 14 years may be transported at Government expense to any Indian school beyond the limits of the State or Territory in which the parents of such child reside or of the adjoining State or Territory.

Preference in all cases must be given to those children who (a) have a greater degree of Indian blood; and (b) who would be denied an education if not admitted to Indian schools. Indian children are not to be enrolled in Indian boarding schools if suitable and adequate local school facilities are available and home conditions are such that they can be admitted without prejudice because of their health or the conditions under which they live.

Applicants whose parents have ample financial resources may not be enrolled, except upon payment of tuition. Pupils will be required to pay their transportation expenses if they have sufficient funds with which to do so.

Pupils must not be enrolled in any nonreservation boarding school without a duly executed certificate of transfer in form prescribed by the Indian Office. Pupils must not be transferred from one nonreservation school to another, except for good reasons shown, supported by recommendations from the superintendent of the former school.

The information as to public school facilities called for (first page hereof) must be given, and all superintendents are especially directed to exhaust every means to secure enrollment of Indian children in State public schools or in local day schools before recommending them for boarding school enrollment. 6-7761

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**National Archives and Records Administration
Pacific Region (Laguna Niguel)**

Record Group: RG 75, Records of the Bureau of Indian Affairs

Agency or Division: Sherman Institute

Series: Student Case Files (1903-1950)

Folder Title: [REDACTED]

Box Number: 251

FOIA6

5-192
(Feb., 1929)

APPLICATION FOR ADMISSION TO NON-RESERVATION SCHOOL AND TEST OF ELIGIBILITY

To Sherman Institute Indian School, located at Riverside State Calif
From Incarnate Jurisdiction. Approved by _____ Date _____

Title _____

Application for enrollment _____ to enter grade 5th

Date of birth October 31, 1920 Age 11 Sex Male

P. O. address Bakersfield 90, Injon Ranch Tribe Injon Degree of blood full

Lives in town country. How far from public school? home Length of term 10 mo

Grades in this school 8 Number of teachers 1

Why do you not attend this school? Home conditions

RECORD OF ATTENDANCE	NUMBER YEARS	DATES	WHERE
Primary grades (beg. 1, 2, and 3)	1 2 3		at home
Elementary grades (4, 5, and 6)	4	1930	"
Junior high school (7, 8, and 9)			
Senior high school (10, 11, and 12)			

Why do you wish to enroll in an Indian school? Because of home conditions

VOCATIONAL

Underscore any three trade courses you prefer in order of preference:

Agriculture, Auto Mechanics, Baking, Business, Carpentry, Dairying, Engineering, Home Economics, Masonry, Mechanical Drawing, Nursing, Normal Training, Painting, Poultry, Physical Education, Shoe and Harness Repair, Tailoring.

What industrial or trade experience have you had? _____

What training or experience have you had in music? none

What athletic experience have you had? none

What is your church preference? Catholic

DATA REGARDING PARENTS

	FATHER	MOTHER
Name	[REDACTED]	[REDACTED]
Is parent living?	Yes	Yes
Home post office	Bakersfield	Bakersfield
Agency post office		
Roll number		
Degree of blood	Full	Full
How much land is owned?	none	none
How much taxable?	"	"
Estimated value of land	"	"
Annual income from land	"	"
Other income	"	"
Source	"	"
Amount	"	"
Pays taxes on	"	"
Land	"	"
Personal property	"	"
Owens home	"	"
Number of rooms	2 none	
Number living there	5	
Education	none	none
Occupation	laborer	

FOIA6

Do parents live together? Yes

Is there a stepfather? no Stepmother? no

With whom do you make your home? with parents

How many brothers of school age? one In school? yes Where? Sherrard St.

How many sisters of school age? one In school? no Where? _____

Can this pupil pay own transportation to school? No funds

If can not, why not? _____

REMARKS: _____

I, the undersigned, do hereby voluntarily consent and agree to this enrollment in said school for a term of four years, or to complete the course of study prescribed by the school and also obligate myself to abide by all rules and regulations for Indian schools.

WITNESS:

[REDACTED]

(Parent, guardian, or next of kin)
Bakersfield
(P. address)
Box 872

(2)

MEDICAL CERTIFICATE

Name _____ Sex _____ Age _____ Weight _____ Height _____
 Skin _____ Eyes _____ Vision _____ Ears _____
 Hearing _____ Nose _____ Sinuses _____ Teeth _____
 Gums _____ Tonsils _____ Pharynx _____ Neck _____
 Chest _____ Lungs _____ Heart _____ Pulse _____
 Hemorrhoids _____ Genitals _____ Lymph nodes _____
 Nervous system _____ Varicose veins _____ Feet _____
 Urinalysis (where indicated) _____
 Vaccinations: Date _____ Smallpox _____ Typhoid _____
 Diphtheria _____ Recommendations _____

Which of the following diseases has applicant had or shows evidence of having had (underscore):
 Chickenpox, Diphtheria, Measles, Tuberculosis, Typhoid, Scarlet Fever, Smallpox, Whooping Cough,
 other _____

I, a duly licensed practicing physician, do hereby certify that I have carefully examined this applicant
 and find him in proper physical condition to attend school; that there is no deviation from the normal other
 than has been noted above, and that applicant is not afflicted with tuberculosis or other contagious disease
 which would menace the health of other pupils. A thorough examination has been made and no evidence
 found to indicate venereal disease.

REMARKS: *

CERTIFICATE OF SCHOOL PHYSICIAN

FOIA6

I hereby certify that on Sept. 9, 1931, I made a careful examination
 of the physical condition of _____, the child
 named in the foregoing application, and found him to be
physically fit except for trachoma

CERTIFICATE OF ENROLLING FIELD OFFICIAL

I therefore recommend that the said child be _____ enrolled in this
 school.

Sept. 11, 1931
Date

W. W. Roblee
Physician

Sherman Press 9-25-'30-1000

CERTIFICATE OF SCHOOL ACCEPTING ENROLLMENT

Applicant is (enrolled, transferred, dismissed) for the following reasons: _____

INSTRUCTIONS

LAWS

Hereafter the Secretary of the Interior is authorized to make and enforce such rules and regulations as may be necessary to secure the enrollment and regular attendance of eligible Indian children who are wards of the Government in schools maintained for their benefit by the United States or in public schools.

That hereafter no appropriation, except appropriations made pursuant to treaties, shall be used to educate children of less than one-fourth Indian blood whose parents are citizens of the United States and of the State wherein they live and where there are adequate free school facilities provided.

No Indian pupil under the age of 14 years shall be transported at Government expense to any Indian school beyond the limits of the State or Territory in which the parents of such child reside or of the adjoining State or Territory.

EXTRACTS FROM SCHOOL RULES

No Indian youth over 20 years of age shall be admitted to any Indian school, except those maintaining senior high school grades, which schools may enroll up to 21 years of age, for special vocational courses, without the consent of the Commissioner of Indian Affairs. No pupil over the age of 21 years shall be continued in school, except in senior high schools, without the approval of the Commissioner of Indian Affairs.

Preference in all cases shall be given to those children who (a) have a greater degree of Indian blood; and (b) who would be denied an education if not admitted to Indian schools. Indian children shall not be enrolled in Indian schools if suitable and adequate public school facilities are available and home conditions are such that they can be admitted without prejudice because of their health or the conditions under which they live.

Applicants whose parents have ample financial resources shall not be enrolled, except upon payment of tuition. Pupils shall be required to pay their transportation expenses if they have sufficient funds to do so.

Before enrolling a pupil, superintendents must satisfy themselves whether he has deserted from any other school or has been expelled for cause. A pupil who has deserted or been expelled for cause from another school may not be reenrolled, except upon mutual agreement of superintendents concerned.

Pupils shall not be enrolled in any nonreservation school without a duly executed certificate of transfer in form prescribed by the Indian Office. Pupils shall not be transferred from one nonreservation school to another, except for good reasons shown, supported by recommendations from the superintendent of the former school.

The information as to public school facilities called for (first page hereof) must be given, and all superintendents are especially directed to exhaust every means to secure enrollment of Indian children in the State public schools, pursuant to instructions heretofore issued in this regard.

SHERMAN INSTITUTE
RIVERSIDE, CALIFORNIA.

Application for admission to Sherman School

FOIA6 MMF October 31, 1920

Name of applicant. B. Kersfield, Calif. Sex Sev Date of birth. full

Home address. B. Kersfield, Calif. Tribe. Tejon Degree of Indian blood. full

Is a member of the Catholic Church.
 Attends _____
 Prefers _____

PUBLIC OR DAY SCHOOL NEAREST HOME TO WHICH APPLICANT IS ELIGIBLE

Name of School _____ Location: _____
 Post Office _____

Grades Taught _____ Annual Term _____
 Number. _____ Months. _____ District _____

Miles from home _____ County _____

Is transportation furnished? _____ Why does applicant not attend this
 school? _____ Home conditions _____

Grade _____

SCHOOLS FORMERLY ATTENDED

Name	Place	Dates attended School years.	Grade completed	Reason for leaving
1. At home				
2.		1930		
3.				
4.				
5.				

Can applicant pay tuition (particularly if high school graduate, or if applicant for commercial or advanced trade course)? _____

Can applicant pay own transportation? _____

Reproduced from the holdings of the National Archives and Records Administration
 Pacific Region (Laguna Niguel)

DATA REGARDING PARENTS

	FATHER	MOTHER
Name in full	[REDACTED]	[REDACTED]
Is parent living?	Yes	Yes
Home post office	Bakersfield	Same
Agency post office		
Degree of Indian blood	Full Roll No.	Roll No. Full
How much land is owned?		
How much taxable?		
Estimated value of land	Annual income	Annual income
Other income. Source		
Amount		
Owns home	No. of rooms 2	No. of rooms
Number living here	5	
Education	none	none
Occupation	Laborer	
Language spoken in home		
Do parents live together? <u>Yes</u> Stepfather? <u>no</u> Stepmother <u>no</u> With whom does applicant make home? <u>Parents</u> Family dependent on relief? <u>Health</u> problems in family?		
If parents are not living, or if student does not live with parents, give name, address, relationship, and any special information concerning nearest relatives:		

FOIA6

Other social problems in or surrounding home: _____

What members of family are employed in the government service?

Name _____	Relation to applicant _____
Position _____	Permanent? _____ Salary _____
Name _____	Relation to applicant _____
Position _____	Permanent? _____ Salary _____

I hereby voluntarily consent and agree to this enrollment. I also give my consent to emergency operations and to minor operations such as the removal of tonsils, while the child is in school, if such procedure is necessary,

I recommend enrollment and suggest the following type of program for applicant:

Signature of Parent.

Signature of Applicant

Approved: _____
Superintendent.

Social Worker

Educational Field Agent

Principal

Reproduced from the holdings of the National Archives and Records Administration Pacific Region (Laguna Niguel)

Sherman Institute
Riverside, California

November 1, 1935

[REDACTED]
Tejon Ranch
Bakersfield, Calif.

Dear [REDACTED]

FOIA6

We are sorry to inform you that your son, [REDACTED] has been in our school hospital for several days with a heavy cold. He has been running a fever but that is not down to normal. However, the doctor has discovered some fluid in his right chest. The doctor says that he is getting along nicely and is not seriously ill. Plenty of rest and good care will go a long way toward effecting a cure.

If there is a change in his condition we shall notify you.

Very truly yours,

Donald H. Hiery
Superintendent

T

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**National Archives and Records Administration
Pacific Region (Laguna Niguel)**

Record Group: RG 75, Records of the Bureau of Indian Affairs

Agency or Division: Sherman Institute

Series: Student Case Files (1903-1950)

Folder Title: [REDACTED]

Box Number: 120

FOIA6

For guidance citing records, ask for a copy of *Citing Records in the National Archives of the United States* (GIL 17) or view it at: www.archives.gov/publications/general_information_leaflets/17.html

Lines 00 38

Name [REDACTED]
Age 5-13-1920 15 16, 17
Tribe Tejon
Degree 3/4
P.O. Tejon Ranch, Bakersfield, Calif.
Date entered, fiscal year 2-10-36, 7/1-36, 7/1-37
Original entry 2-10-36
Previous months in school 63
Total months in school 81
Industry
Entry grade 8
Present grade 9, 10 **FOIA6**
Distance from public school 1
No. days attendance (-112)
Parents [REDACTED]
Village or agency Sacramento
Religious affiliation Catholic
REMARKS: *Dr. 10/6-37 (expelled)*

5-192
(Feb., 1932)

APPLICATION FOR ADMISSION TO NON-RESERVATION SCHOOL

To Sherman Inst. Indian School, located at Riverside State California
From _____ Jurisdiction. Approved by _____ Date Dec. 31-35
Title _____

PUPIL

Application for enrollment of _____ to enter grade 8
Date of birth May 13-20 Age 15 Sex Female
P. O. address Tejón Ranch, Bakerfield, Cal. Tribe Tejón Degree of blood Full

PUBLIC OR DAY SCHOOL NEAREST TO APPLICANT'S HOME

Name of school Tejón **FOIA6** Location: 1. Post office Tejón Ranch
Grades taught 8 2. District Tejón
Number of months in annual term 9 months 3. County Kern Co.
Why do you not attend this school? Did attend school

INFORMATION REQUIRED

	FATHER	MOTHER
Name in full	_____	_____
Is parent living?	<u>yes</u>	<u>yes</u>
Home post office	<u>Tejón Ranch</u>	
Agency post office	<u>no</u>	
Degree of blood	<u>Full</u>	<u>Full</u>
How much land is owned?	<u>none</u>	
How much taxable?	<u>none</u>	
Estimated value of land	<u>none</u>	
Annual income from land	<u>no</u>	
Other income	<u>none other than wages</u>	
Source	<u>Tejón Ranch Co.</u>	
Amount	<u>\$ 33.00 per mo.</u>	
Owns home	<u>no</u>	<u>no</u>
Number living there	<u>Five</u>	<u>3</u>
Education	<u>5th grade</u>	<u>did not attend school</u>
Occupation	<u>Ranch hand - general ranch work</u>	
Language spoken in home	<u>Spanish & English</u>	

To what church do you belong? Catholic

Do parents live together? Yes

Is there a stepfather? No Stepmother? No

With whom do you make your home? with parents

How many brothers of school age? None In school? _____ Where? _____

How many sisters of school age? 2 In school? yes Where? Dejon School

Can this pupil pay own transportation to school? No

If can not, why not? Lack of finances

REMARKS: _____

Indicate first, second, and third choices of trades or vocations you would like to prepare for by putting 1, 2, and 3 in the parentheses () before the trade named: () Arts and Crafts, Weaving; () Laundering; () Cookery; (X) Clothing or Dressmaking; (X) Gardening; () Poultry; () Baking; () Barbering; () Chauffeur; () Tailoring; () Cleaning and Pressing; () Concrete Work; () Interior Decorating; () Landscape Gardening; () Dairying; () Farming; () Farm Mechanics; () Stock Raising; () Plumbing; () Electricity; () Steam Fitting and Power Plant Operation; () Machinist; () Forging and Welding; () Sheet Metal; () Painting; () Carpentry and Woodworking; () Plastering; () Stone Masonry and Bricklaying; () Auto Mechanics; () Printing; () _____

State the reasons for each choice:

Wish to learn to cook & sew, so as to help myself in the future.

What trade experience have you had? None

Indicate what plans you have for (a) Further study; (b) Employment after having completed the course.

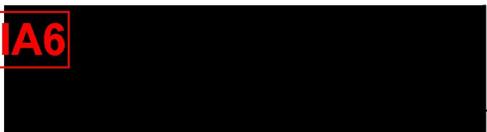
Wish to take some work while travel around in the distribution as a part of participating in _____

I, the undersigned, do hereby voluntarily consent and agree to this enrollment in said school for a term of four years, or to complete the course of study prescribed by the school and also obligate myself to abide by all rules and regulations for Indian schools.

WITNESS:

Patricia K. King
Richard J. Ho...

FOIA6



Dejon Paulin - Call...
(P. O. address) 6-7781

MEDICAL CERTIFICATE

Name [redacted] Sex F Age 15 Weight _____ Height _____
 Skin clear Eyes neg. Vision good Ears good
 Hearing good Nose neg. Sinuses neg. Teeth good
 Gums good Tonsils neg. Pharynx neg. Neck neg.
 Chest neg. Lungs neg. Heart neg. Pulse 70
 Hemorrhoids neg. Genitals neg. Lymph nodes neg.
 Nervous system neg. Varicose veins neg. Feet neg.
 Urinalysis (where indicated) neg.
 Vaccinations: Date _____ Smallpox neg. Typhoid neg.
 Diphtheria neg. Recommendations I recommend that pt be allowed to go to school.

Which of the following diseases has applicant had or shows evidence of having had (underscore):
 Chickenpox, Diphtheria, Measles, Tuberculosis, Typhoid, Scarlet Fever, Smallpox, Whooping Cough,
 other None

I, a duly licensed practicing physician, do hereby certify that I have carefully examined this applicant and find him in proper physical condition to attend school; that there is no deviation from the normal other than has been noted above, and that applicant is not afflicted with tuberculosis or other contagious disease which would menace the health of other pupils. A thorough examination has been made and no evidence found to indicate venereal disease.

REMARKS: *

Date 1-16-36

Donald B. Buge M. D.
1830 9th Street
 Address Hanover General Hosp.

* These should include a statement as to degree of robustness and nutrition. If evidence exists of tuberculosis, is it active or arrested?

CERTIFICATE OF ENROLLING FIELD OFFICIAL

I do recommend the enrollment of this pupil for the following reasons:
Because of unfavorable home conditions, and in order that she may have the opportunity of securing a high school education.

Edward Swengel
 (Superintendent, Supervisor, Day School Representative, School Social Worker)

CERTIFICATE OF SCHOOL ACCEPTING ENROLLMENT

Applicant is (enrolled, transferred, dismissed) for the following reasons: _____

INSTRUCTIONS

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Pacific Region (Laguna Niguel)**

Record Group: RG 75, Records of the Bureau of Indian Affairs

Agency or Division: Sherman Institute

Series: Student Case Files (1903-1950)

Folder Title: [REDACTED]

Box Number: 68

FOIA6

For guidance citing records, ask for a copy of *Citing Records in the National Archives of the United States* (GIL 17) or view it at: www.archives.gov/publications/general_information_leaflets/17.html

Handwritten signatures and initials at the top of the page.

UNITED STATES
DEPARTMENT OF THE INTERIOR
INDIAN FIELD SERVICE

November 1, 1942

[Redacted address block]

816 K Street
Bakersfield, California

Your application for entrance to Sherman Institute has been approved. School begins on Monday, September 14, 1942. You should arrive several days before in order to be ready for the opening of school.

We expect to furnish you transportation to Sherman either by train or bus, provided you or your parents cannot furnish it.

Shortly before the first of September we will send you or your Indian agent instructions concerning your transportation.

FOIA6

Sherman students are expected to behave, study, apply themselves, assist with the necessary work of the school and conform to the rules and regulations. Failure to do this satisfactorily will be considered grounds for suspension.

Sherman graduates carry with them the reputation of good educational and vocational training and the backing and recommendation of Sherman Institute which generally results in good employment and useful citizenship.

We hope that you will be happy at Sherman and will obtain a good and useful education.

Very truly yours,

cc Miss Mildred VanEvery
Main Office
Education Office

D. H. Biery
Superintendent

5-192
(May 1930)

John P. ...
OK - at ...
OTRS.

UNITED STATES
DEPARTMENT OF THE INTERIOR
OFFICE OF INDIAN AFFAIRS
FIELD SERVICE

File No. _____
Subject _____
H-Rec'd OCT 7 - 1919
SACRAMENTO IND AGCY
To _____

APPLICATION FOR ADMISSION TO NONRESERVATION SCHOOLS

(This application should be forwarded to the Superintendent of the school to which admission is being sought and his approval received before the student is permitted to depart)

Application for admission to Sherman Institute School.

(Name of applicant) [REDACTED] **FOIA6** (Sex) M (Date of birth—cite authority for date) April 8, 1926
(Home address) 816 - M Street, Bakersfield (Tribe) Tejon (Degree of Indian blood) 1/4

Is a member of... }
He Attends... } the Catholic Church.
Prefers... }

PUBLIC OR DAY SCHOOL NEAREST HOME TO WHICH APPLICANT IS ELIGIBLE

Name of school Kern County Union High School To enter grade Junior (3rd)

Grades taught 4 (Number) Location: Bakersfield, California

Annual term 10 (Months) Post office 1341 - F Street

Miles from home 1 District Bakersfield

Is transportation furnished? _____ County Kern

Why does applicant not attend this school? Waiting to hear from Sherman Institute

SCHOOLS FORMERLY ATTENDED

NAME	PLACE	DAYS ATTENDED (School years)	GRADE COMPLETED	REASON FOR LEAVING
1. Kernville High	Kernville, Calif.	April - June 1942	2	Completed full year
2. Wasco High	Wasco, Calif.	Oct - April 1941-42	2	Dad got another job
3. Kern Co. High	Bakersfield	Sept - Oct. 1941	2	"
4. Kern Co. High	"	Sept - June 1940-41	1	"
5. Caliente Grammar	Caliente, Calif.	Nov - June 1939-1940	8	Stayed there lived at Dormitory

Can applicant pay tuition (particularly if high-school graduate, or if applicant for commercial or advanced trade course)? _____

Can applicant pay own transportation? _____

Vocational objective? Locomotive engineer, Navy

16-11038

DATA REGARDING PARENTS

	FATHER	MOTHER
Name in full	[REDACTED]	[REDACTED]
Is parent living?	<i>yes</i>	<i>yes</i>
Home post office	<i>Hedonville</i>	<i>Hedonville</i>
Agency post office		
Degree of Indian blood	$\frac{1}{2}$ Roll No.	$\frac{1}{4}$ to $\frac{1}{2}$ Roll No.
How much land is owned?	<i>none</i>	<i>none</i>
How much taxable?		
Estimated value of land	Annual income	Annual income
Other income: Source	<i>None - not steady</i>	<i>about \$100.00 month</i>
Amount	<i>\$6.00 per day when he works</i>	
Owens home	<i>no</i> Number of rooms	<i>no</i> Number of rooms
Number living there	<i>6 children plus parents</i>	
Education	<i>5th grade</i>	<i>9th grade</i>
Occupation	<i>farmer, now in a mine</i>	<i>housewife</i>
Language spoken in home	<i>Spanish and English</i>	
Do parents live together?	<i>yes</i>	
Stepfather?		
Stepmother?		
With whom does applicant make home?	<i>parents</i>	
Family dependent on relief?	<i>no</i>	
Health problems in family?	<i>none</i>	

FOIA6

What members of family are employed in the government service?

Name, [REDACTED] relation to applicant *brother*

Position *U.S. Army* Permanent? _____ Salary _____

Name _____ Relation to applicant _____

Position _____ Permanent? _____ Salary _____

PHYSICAL EXAMINATION

WEIGHT (in clothing) 125 lb. HEIGHT (without shoes) 5'7" in. TEMPERATURE

EYES: Trachoma No

Evidence other disease or injury No

Vision: Without glasses, R $\frac{20}{20}$ L $\frac{20}{20}$ With glasses, R $\frac{20}{20}$ L $\frac{20}{20}$

Color vision Normal Method of testing

EARS: Discharge No Other evidence of disease No

NOSE: Normal

MOUTH: Normal

TEETH: Normal

THROAT: Tonsils—Normal . Removed . Hypertrophied . Atrophied . Infected .

Other abnormalities None

NECK: Glands Normal Thyroid Normal

CHEST: General appearance Normal

Measurements (at nipple line)—At rest 34 Inspiration 33 Expiration 30

Lungs: R—Percussion Normal

Auscultation Normal

L—Percussion Normal

Auscultation Normal

X-ray findings (X-ray should be made whenever possible) Not Indicated

Heart: Rate sitting 72 After exercise 100 After rest 72

Murmurs or other evidence of disease None

B. P. 120/70

If disease present, is it compensated? None

ABDOMEN: Normal

Inguinal rings: R. Normal L. Normal

G-U SYSTEM: Evidence of venereal disease None

Wassermann Negative Date 2/1/39

Urinalysis Normal

EXTREMITIES: Evidence of disease or injury no

Flat feet no

Varicose veins no

NERVOUS SYSTEM: Normal

Scars, deformities, or other abnormalities not listed above None

TUBERCULIN TEST: Normal Date _____

REMARKS: _____

Place of examination Bakersfield Calif Date 1/1/39

FOIA6

(Signed) _____

M. D.

(Title) Dr. G. M. K. B.

I hereby voluntarily consent and agree to this enrollment. I also give my consent to emergency operations and dental or minor surgery not requiring general anesthesia, if such procedure becomes necessary while the child is in school.

(Signature of applicant)

I recommend enrollment and suggest the following type of program for applicant: _____

Walter E. Vaehey

- Social Worker.
- Education Field Agent.
- Principal.

Approved: _____

Superintendent.

REMARKS: _____

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**National Archives and Records Administration
Pacific Region (Laguna Niguel)**

Record Group: RG 75, Records of the Bureau of Indian Affairs

Agency or Division: Sherman Institute

Series: Student Case Files (1903-1950)

Folder Title: [REDACTED]

Box Number: 128

FOIA6

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5-192

BRIEF

APPLICATION OF

[REDACTED]
FOR THE ENROLLMENT OF

[REDACTED]
IN THE INDIAN SCHOOL AT

FOIA6
Sherman Institute, Riverside, Calif.

POST-OFFICE ADDRESS OF APPLICANT:

Greenfield Ranch, near Bakersfield, Calif.

Date of enrollment, 19 24

Term of enrollment, Five (5) years.

NAME OF PERSON ARRANGING FOR THE TRANSFER:

C. P. Badger

Position, Chief Probation Officer.

6-871

APPLICATION FOR ENROLLMENT IN A NONRESERVATION SCHOOL.
(For a child not enrolled at an Agency.)

For and in consideration of the United States assuming the care, education, and maintenance in the United States Indian School at Riverside, Sherman Institute, of
....., Mem., 13, I, the mother,
(Name of child.) (Sex.) (Age.) (Parent, guardian, or next of kin.)
of Bakersfield, P. O., State of California, do hereby voluntarily consent
and agree to her enrollment in said school for a period of ~~two~~ five years, and also obligate
and bind myself to abide by all the rules and regulations for Indian schools.

I further say that the said child was born at Tejon Agency on October 16, 1910
(Date.)
that the father, was an Indian of the Tejon
(Name of father.) (Is or was.) (Degree.)
Tribe located at Tejon Agency; that he ~~left the tribe about~~ is dead
(Approximate date.)
that the mother, is an Indian of the Tejon
(Is or was.) (Degree.)
Tribe located at Tejon, Calif. Agency, and left the tribe about; that
(Approximate date.)
the said child was born and reared in the United States, and now actually resides therein; and that
s he has attended the following schools:

NAME OF SCHOOL—PUBLIC, GOVERNMENT, OR MISSION.	LOCATED AT	DATE OF ENROLLMENT.	DATE OF DISCHARGE.	CAUSE OF DISCHARGE.	GRADE.
Indian School	Tejon Ranch	Oct 22	left		
Greenfield School	Greenfield Ranch	Dec 18	18-23		
Fremont School, Bakersfield	(do not know how long)	1925		To be with mother	

Should the child be returned home for one of the vacation periods of this enrollment at my request I further agree to pay all expenses, including round-trip railroad fares, sleeping-car fares, meals, lodging, stage fares, telegraph and telephone messages, and other incidental expenses connected with the visit. I further agree that said pupil shall be returned to the Riverside school on or before the last day of the vacation leave of absence. I further agree to deposit with the superintendent of the school sufficient money to defray all expenses to be incurred, and should the child fail to return to school at such time as may have been agreed upon by myself and the superintendent of the school, the amount of money remaining with the superintendent, necessary to the return transportation of the child so neglecting to return, shall be forfeited to the Government.

This 19th day of March, 1924

Two w

(Note.—Every blank in this application must be properly filled out by the applicant, in his own handwriting, if possible. The signature, whether by mark or otherwise, must be attested by two witnesses.)

AFFIDAVIT.

I,, do hereby swear that the statements made in the above application are true.

(Signature of applicant.) (Parent, guardian, or next of kin.)

Sworn to and subscribed before me this 19th day of March, 1924

(Note.—This application and affidavit must be executed before some officer authorized to administer oaths by the parent with whom the child is living, if the parents are dead, by the guardian or next of kin.)

PHYSICIAN

Residing physician of Bakersfield

has examined

[REDACTED]

is in proper physical condition to attend school, and no disease which would be a menace to the health of

FOIA6

Isabelle George

Bakersfield, California

who makes the foregoing statement, that I believe his statements therein are true. I have been acquainted with Isabelle George

she is known and recognized in the community in which she lives as an Indian; that in my opinion

she can not receive proper and adequate schooling at home for the reason that is stated above

Public school facilities

(Here state whether the child lives within reach of a public school, whether the State laws permit it to enroll therein, and if it lives near the public school why it can not attend such school.)

Child cannot attend school regularly on account of the mother

not staying in one place long enough for [REDACTED] school.

This 25 day of March 1934

[REDACTED]

CERTIFICATE OF PHYSICIAN.

I, Joe Smith, a practicing physician of Bakersfield

do hereby certify that I have carefully examined Isabel Gonzales the child named in this application; and find that she is in proper physical condition to attend school, and is not afflicted with tuberculosis or other disease which would be a menace to the health of other pupils.

This 23 day of March, 1924

Joe Smith
Physician

VOUCHER OF PERSON ARRANGING FOR TRANSFER.

I hereby certify that I was present and witnessed the execution of the foregoing application made by Mrs. Isabel Gonzales (mother) that its contents were explained or interpreted to her by [redacted] that I believe she understood the purport thereof; that I was present at the medical examination of the child named herein; that she resides with [redacted] in near the town of Bakersfield that the child can not have adequate and proper educational facilities at home for the reason that mother is of migratory habits, also the mother is not living, as she should and the home is unfit for a child.

27-10

Dated at Bakersfield, Calif. this 19th day of March, 1924

FOIA6

Robert [redacted]
Probation Officer

(Note: This voucher must be executed by the official representative of the non-accrual school to which application is made. Teachers from pupils and Indians will not be accepted.)

VOUCHER OF SCHOOL PHYSICIAN.

I hereby certify that on April 16 1924 I made a careful examination of the physical condition of Isabel Gonzales who makes the foregoing application; and found she to be in good physical condition that I am acquainted with Isabel Gonzales that she is known and recognized in the community; in which she lives as an Indian; that in my opinion I therefore recommend that the said child be now enrolled in this school.

This 16 day of April, 1924
Public school facilities:

(Here state whether the child lives within reach of a public school, whether the State laws permit it to enroll therein, and if it lives near the public school why it can not attend such school.)

Child cannot attend school regularly or now School Physician
[redacted]
not staying in our State long enough to be able to do so
This 25 day of March, 1924

Mrs. Anna B. [redacted]
School Physician

VOUCHER NO. 2

I, [redacted], a Chief of the Teton Tribe
(Business, calling, or profession.)

says: [redacted]

[redacted] the foregoing application, that I am acquainted with [redacted]; that

she is known and recognized in the community in which she lives as an Indian; and that in my opinion

she can not receive proper and adequate schooling at home for the reason that

her mother is migratory and will not stay in one place long enough for the child to get the proper schooling.

Dated: This 17th day of March, 1924

[redacted]
Chief, Teton Tribe

CERTIFICATE OF SCHOOL PHYSICIAN.

I hereby certify that on [redacted] I made a careful examination

(As soon after arrival as possible.)

of the physical condition of [redacted], the child named in

the foregoing application, and found [redacted] to be

we have no school physician

FOIA6

I therefore recommend that the said child be enrolled in this school.

Dated This 18th day of March, 1924

[redacted]
School Physician.

The law provides:

"That no part of this appropriation, or any other appropriation provided for herein except appropriations made pursuant to treaties, shall be used to educate children of less than one-fourth Indian blood whose parents are citizens of the United States and of the State wherein they live and where there are adequate free-school facilities provided and the facilities of the Indian schools are needed for pupils of more than one-fourth Indian blood." (Act of August 1, 1914.)

EXTRACTS FROM SCHOOL RULES.

If the facilities of a school are not needed as provided in the above paragraph, children showing any Indian blood, whose parents live on an Indian reservation, and who if debarred from Government schools could not obtain an education, may be enrolled in the day and boarding schools of their reservation; these children, however, may not be transferred to nonreservation schools without special permission from the Commissioner of Indian Affairs.

Before enrolling a pupil, superintendents must satisfy themselves whether he has left any other school without permission and whether he has been expelled for cause from any other school. A pupil who has been expelled for cause from any Indian school may be reenrolled in any Indian school only with permission of the Commissioner of Indian Affairs.

"The Secretary of the Interior may in his discretion withhold rations, clothing, and other annuities from Indian parents or guardians who refuse to or neglect to send or keep their children of proper school age in some school during a reasonable portion of each year." (27 Stat. L., 635. See 2 Dec. Comp., 308.)

Sherman Institute,
Riverside, Calif.

March 27, 1924.

[REDACTED]
Chief Probation Officer,
Bakersfield, Calif.

FOIA6

Dear Sir:

I have just received your letter of March 25th relative to the application of [REDACTED] and stating that you will send her down as soon as you hear from us. The application is satisfactory and I enclose herewith, a transportation request which you will present to the railroad company and they will furnish you ticket on same. Please be sure to use this request and have the girl sign for same. This is good for only railroad fare.

If you send her to Los Angeles wire a day or so ahead of time, the date she will arrive and the train so that we can arrange to meet her in Los Angeles.

Very truly yours,

F. M. Conser
Superintendent.

PHC-P

RECEIVED

JUL 05 2006

ASIA-OPA

**National Archives and Records Administration
Pacific Region (Laguna Niguel)**

Record Group: RG 75, Records of the Bureau of Indian Affairs

Agency or Division: Sherman Institute

Series: Student Case Files (1903-1950)

Folder Title: 

Box Number: 373

FOIA6

For guidance citing records, ask for a copy of *Citing Records in the National Archives of the United States* (GIL 17) or view it at: www.archives.gov/publications/general_information_Leaflets/17.html

5-192

BRIEF.

APPLICATION OF

[REDACTED]

FOR THE ENROLLMENT OF

[REDACTED]

FOIA6

IN THE INDIAN SCHOOL AT

Riverside, California

POST-OFFICE ADDRESS OF APPLICANT:

To. Tigon Ranch, Bakersfield, Calif

Date of enrollment, _____, 19

Term of enrollment, _____ (.....) years.

NAME OF PERSON ARRANGING FOR THE TRANSFER:

Position, _____

6-571

5-192

APPLICATION FOR ENROLLMENT IN A NONRESERVATION SCHOOL:

(For a child not enrolled at an Agency.)

For and in consideration of the United States assuming the care, education, and maintenance in the United States Indian School at Riverside, Calif., of [Redacted] Girl, 18, I, [Redacted] of Bakersfield P. O., State of California, do hereby voluntarily consent and agree to her enrollment in said school for a period of Three years, and also obligate and bind myself to abide by all the rules and regulations for Indian schools.

I further say that the said child was born at Tejon Canyon on June 16, 1905; that the father, [Redacted] is a Full B. Indian of the Tejon Indian Tribe located at Tejon Canyon Agency; that he left the tribe about [Redacted]; that the mother, [Redacted] was a Full B. Indian of the Tejon Indian Tribe located at Tejon Canyon Agency, and left the tribe about Summer of 1917; that the said child was born and reared in the United States, and now actually resides therein; and that he has attended the following schools:

FOIA6

NAME OF SCHOOL—PUBLIC, GOVERNMENT, OR MISSION.	LOCATED AT—	DATE OF ENROLLMENT.	DATE OF DISCHARGE.	CAUSE OF DISCHARGE.	GRADE.
<u>Public</u>	<u>Tejon Canyon</u>	<u>Jan 5, 1921</u>	<u>June 5, 1923</u>	<u>Age 18</u>	<u>11th</u>

Should the child be returned home for one of the vacation periods of this enrollment at my request I further agree to pay all expenses, including round-trip railroad fares, sleeping-car fares, meals, lodging, stage fares, telegraph and telephone messages, and other incidental expenses connected with the visit. I further agree that said pupil shall be returned to the Riverside school on or before the last day of the vacation leave of absence. I further agree to deposit with the superintendent of the school sufficient money to defray all expenses to be incurred, and should the child fail to return to school at such time as may have been agreed upon by myself and the superintendent of the school, the amount of money remaining with the superintendent, necessary to the return transportation of the child so neglecting to return, shall be forfeited to the Government.

This Fifth day of September, 1923
Two witnesses:

Mrs. Anna B. Knowles
Geo A. Knowles

[Redacted Signature]

P. O.,

(Note.—Every blank in this application must be properly filled out by the applicant, in his own handwriting, if possible. The signature, whether by mark or otherwise, must be attested by two witnesses.)

AFFIDAVIT.

I, [Redacted], do hereby swear that the statements made in the above application are true.

(Signature of applicant) (Parent, guardian, or next of kin)

Sworn to and subscribed before me this 8th day of September, 1923

(Note.—This application and affidavit must be executed before some officer authorized to administer oaths, in the presence of the parent with whom the child is living; if the parents are dead, by the guardian or next of kin.)

CERTIFICATE OF SCHOOL PHYSICIAN

I hereby certify that on September 21, 1923 I made a
careful examination of the physical condition of [REDACTED]
the child named in the foregoing application, and found him
to be in good physical condition
I therefore recommend that the said child be not enrolled
in this school.

This 26 day of September 1923.

FOIA6

W. P. Soler
School Physician

CERTIFICATE OF PHYSICIAN.

I, Joe Smith, M.D., a practicing physician of Bakersfield
Calif., do hereby certify that I have carefully examined [redacted]
the child named in this application, and find that her is in proper physical condition to attend
school, and is not afflicted with tuberculosis or other disease which would be a menace to the health of
other pupils.

This 7th day of September, 1923 Joe Smith, M. D.

VOUCHER OF PERSON ARRANGING FOR TRANSFER.

I hereby certify that I was present and witnessed the execution of the foregoing application
made by [redacted]; that its contents were explained or interpreted to
him by Mrs. [redacted]; that I believe he understood the purport
thereof; that I was present at the medical examination of the child named herein; that she
resides with [redacted] father, in or near the town of Bakersfield;

that the child can not have adequate and proper educational facilities at home for the reason that
she was out of school for a length of time because of a rattle snake
bite and because of a great distance from the Ranch to town the leg
became infected and had to be amputated. She has been fitted with
a leg and walks without cane or crutch. School has only been open 3

Dated at Bakersfield, Calif. Mrs. F. R. Kallach year 1923 also
this 8th day of September, 1923 Asst. Probation Officer
(Official title.)

(NOTE.—This voucher must be executed by the official representative of the nonreservation school to which application is
made. Vouchers from pupils and Indians will not be accepted.)

VOUCHERS OF DISINTERESTED PERSONS.

VOUCHER No. 1.

I, _____, of _____, of
(Business, calling, or profession.)
do hereby certify that I am personally acquainted with
_____, who makes the foregoing application; that I believe his state-
ments therein are true; that I am acquainted with _____; that
(Name of child.)
he is known and recognized in the community in which he lives as an Indian; that in my opinion
he can not receive proper and adequate schooling at home for the reason that _____

Public school facilities:

(Here state whether the child lives within reach of a public school, whether the State laws permit it to enroll therein, and
if it lives near the public school why it can not attend such school.)

This _____ day of _____, 19____

Reproduced from the holdings of the National Archives and Records Administration
Pacific Region (Laguna Niguel)

FOIA6

VOUCHER NO. 2.

I, *Mrs. Anna B. Knowles*, a *school teacher* of
(Business, calling, or profession.)

Kern Co., Calif. do hereby certify that I am personally acquainted with

..... who makes the foregoing application; that I believe his state-
ments therein are true; that I am acquainted with; that
(Name of child.)

he is known and recognized in the community in which he lives as an Indian; and that in my opinion

she can not receive proper and adequate schooling at home for the reason that *she has*
been deprived of school privileges at the
proper age on account of bodily injuries.

This *8th* day of *September*, 19*23*. *Mrs. Anna B. Knowles*

CERTIFICATE OF SCHOOL PHYSICIAN.

I hereby certify that on I made a careful examination
(As soon after arrival as possible.)

of the physical condition of the child named in
the foregoing application, and found to be

FOIA6

I therefore recommend that the said child be enrolled in this school.

This day of, 19

School Physician.

The law provides:

"That no part of this appropriation, or any other appropriation provided for herein except approp-
riations made pursuant to treaties, shall be used to educate children of less than one-fourth Indian
blood whose parents are citizens of the United States and of the State wherein they live and where
there are adequate free-school facilities provided and the facilities of the Indian schools are needed for
pupils of more than one-fourth Indian blood." (Act of August 1, 1914.)

EXTRACTS FROM SCHOOL RULES.

If the facilities of a school are not needed as provided in the above paragraph, children showing
any Indian blood, whose parents live on an Indian reservation, and who if debarred from Government
schools could not obtain an education, may be enrolled in the day and boarding schools of their reservation;
these children, however, may not be transferred to nonreservation schools without special permission
from the Commissioner of Indian Affairs.

Before enrolling a pupil superintendents must satisfy themselves whether he has left any other
school without permission and whether he has been expelled for cause from any other school. A pupil
who has been expelled for cause from any Indian school may be reenrolled in any Indian school only with
permission of the Commissioner of Indian Affairs.

"The Secretary of the Interior may in his discretion withhold rations, clothing, and other annuities
from Indian parents or guardians who refuse to or neglect to send or keep their children of proper school
age in some school during a reasonable portion of each year." (27 Stat. L., 635. See 2 Dec. Comp., 308.)

Sherman Institute,
Riverside, Calif.

May 28, 1924.

[REDACTED]
c/o Tejon Ranch,
Bakersfield, Calif.

Dear Sir:

FOIA6

Answering your letter of the 24th, I
have to advise you that the \$10 which you sent
has been delivered to [REDACTED] If you
wish to send her any money at any time, I advise
you to send it to me and I will see that it gets
to the girl. She is getting along very nicely.

Very truly yours,

F. M. Conser
Superintendent.

FMC-P

Sherman Institute,
Riverside, Calif. March 23, 1928.

Mrs. Anna B. Knowles, Teacher,
Tejon Indian School,
Bakersfield, Calif.

FOIA6

Dear Mrs. Knowles:

I have to advise that on March 9th,
[REDACTED] passed away.

Her father was around but was not present when she died. I saw him as soon as I could find him afterwards and talked it over with him and he said he thought it would be best for her to be buried here and which we did. I arranged in his presence to have the funeral at the Catholic Church and we had the services there. She was buried the next day. I advised her father to be here the next morning so that he could take her to the church to attend the funeral services, but when the next morning came, he was no where to be found and I have not seen him since. We of course went ahead with the funeral and she was buried at our school cemetery.

I hope that everything has been satisfactory, though I haven't been able to see the father since.

Very truly yours,

F. M. Censer
Superintendent.

FMC-P

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**National Archives and Records Administration
Pacific Region (Laguna Niguel)**

Record Group: RG 75, Records of the Bureau of Indian Affairs

Agency or Division: Sherman Institute

Series: Student Case Files (1903-1950)

Folder Title: [REDACTED]

Box Number: 77

1/2

FOIA6

For guidance citing records, ask for a copy of *Citing Records in the National Archives of the United States* (GIL 17) or view it at: www.archives.gov/publications/general_information_leaflets/17.html

8-192 a.

BRIEF.

APPLICATION OF

[REDACTED]

FOR THE ENROLLMENT OF

[REDACTED]

FOIA6

IN THE INDIAN SCHOOL AT

RIVERSIDE, CALIFORNIA

NAME OF AGENCY FROM WHICH PUPIL CAME:

Date of enrollment, _____, 190

Term of enrollment, _____ (_____) years.

NAME OF COLLECTING AGENT:

Position, _____

6-370

5-102 a

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 Riverside, California

of [REDACTED] 12 yrs.
(Name of child.) ; (M&S.) ; date of birth April 4, 1916 ;
(Sex.)
Tejon
(Tribe.)

NAME OF FATHER. (Both Indian and English.)	LIVING OR DEAD.	TRIBE.	BAND.	DEGREE OF INDIAN BLOOD.
[REDACTED]	Dead	Tejon		
NAME OF MOTHER [REDACTED]	Dead	Tejon	FOIA6	

I, [REDACTED], do hereby voluntarily consent and agree to ^{his} ~~her~~ enrollment in said school for a period of _____ 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.
1. <u>Tejon Indian School</u>	<u>(Since</u>	<u>starting</u>	<u>to school</u>	<u>4th GRA</u>
2.				
3.				
4.				

[REDACTED]
(Parent, guardian, or next of kin.)

P. O. address: Box 1632
Bakersfield, Calif.

Two witnesses:

Flornice Jutson
Etta Mast

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 _____, 190

Physician at _____ 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 _____ (Parent, guardian, or next of kin.) was voluntary, and I recommend the transfer of the said child.

This 26th day of August, 1928

LA F. A. DORRINGTON.
SUPT. & S. D. A. SYMBOL 63389
BY Chas H Hooper
DEPUTY S. D. A.

FOIA6

CERTIFICATE OF SCHOOL PHYSICIAN

I hereby certify that on Sept, I made a careful examination of the physical condition of _____ the child named in the foregoing application, and found him to be

Well

I therefore recommend that the said child be _____ enrolled in this school.

Sept - 1928
Date

W. W. Ralilee
Physician

Sherman Press 9-22-25 1000

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.

6-579

FOIA6

PHYSICAL CERTIFICATE

Name [redacted] Sex MA Age 19 Weight 140 Height _____

Skin Clear Eyes n Vision n Ears n

Hearing n Nose n Sinuses n Teeth n Prophylaxis

Gums n Tonsils n Pharynx n Neck n

Chest n Lungs n Heart n Pulse n

Hemorrhoids _____ Genitals _____ Lymph Nodes _____

Nervous system n Varicose Veins neg Feet n

Urinalysis (Where Indicated) _____

Vaccinations: Date 1928 Small Pox _____ Typhoid _____

Diphtheria ✓ Recommendations _____

Which of the following diseases has applicant had or shows evidence of having had (underscore)

Chickenpox, Diphtheria, Measles, Tuberculosis, Typhoid, Scarlet Fever, Smallpox, Whooping Cough, other Influenza

SHERMAN PRESS 6-5-1933-3000

Reproduced from the holdings of the National Archives and Records Administration Pacific Region (Laguna Niguel)

SHERMAN INSTITUTE
RIVERSIDE, CALIFORNIA.

Application for admission to Sherman School

[REDACTED] **FOIA6** M.F.F. April 4, 1916
Name of applicant. Sex Date of birth.

Box 1639 Bakersfield Calif. Tejon
Home address. Tribe. Degree of Indian blood.

Is a member of _____
Attends the _____ Church.
Prefers _____

PUBLIC OR DAY SCHOOL NEAREST HOME TO WHICH APPLICANT IS ELIGIBLE

Name of School _____ Location: _____
Grades Taught _____ Annual Term _____
Number. Months. District _____
Miles from home _____ County _____
Is transportation furnished? _____ Why does applicant not attend this
school? _____
Grade _____

SCHOOLS FORMERLY ATTENDED

Name	Place	Dates attended School years.	Grade completed	Reason for leaving
1. Tejon Indian Sch.			4	
2.				
3.				
4.				
5.				

Can applicant pay tuition (particularly if high school graduate, or if applicant for
commercial or advanced trade course)? _____

Can applicant pay own transportation? _____

DATA REGARDING PARENTS

	FATHER	MOTHER
Name in full	[REDACTED]	[REDACTED]
Is parent living?	dead	dead
Home post office		
Agency post office		
Degree of Indian blood	Roll No.	Roll No.
How much land is owned?		
How much taxable?		
Estimated value of land	Annual income	Annual income
Other income. Source		
Amount		
Owms home	No. of rooms	No. of rooms
Number living here	FOIA6	
Education		
Occupation		
Language spoken in home		
Do parents live together?	Stepfather?	Stepmother
applicant make home?	Family dependant on relief?	Health
problems in family?		
If parents are not living, or if student does not live with parents, give name, address, relationship, and any special information concerning nearest relatives:		
<u>Jennie Somborger Guardian</u>		
Other social problems in or surrounding home:		

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What members of family are employed in the government service?

Name	Relation to applicant
Position	Permanent? Salary
Name	Relation to applicant
Position	Permanent? Salary

I hereby voluntarily consent and agree to this enrollment. I also give my consent to emergency operations and to minor operations such as the removal of tonsils, while the child is in school, if such procedurc is necessary.

I recommend enrollment and suggest the following type of program for applicant:

Approved: [REDACTED]

Social Worker
 Educational Field Agent
 Principal

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**National Archives and Records Administration
Pacific Region (Laguna Niguel)**

Record Group: RG 75, Records of the Bureau of Indian Affairs

Agency or Division: Sherman Institute

Series: Student Case Files (1903-1950)

Folder Title: [REDACTED]

Box Number: 103

1/3

FOIA6

For guidance citing records, ask for a copy of *Citing Records in the National Archives of the United States* (GIL 17) or view it at: www.archives.gov/publications/general_information_leaflets/17.html

5-192
(Feb., 1929)

APPLICATION FOR ADMISSION TO NON-RESERVATION SCHOOL AND TEST OF ELIGIBILITY

To Sherman Institute Indian School, located at Quincy State _____
From Barrenmonts Jurisdiction. Approved by _____ Date _____
Title _____

FOIA6

Application for enrollment of _____ to enter grade 6
Date of birth Feb 6, 1914 Age 15 Sex M
P. O. address Box 1560 Bakersfield Tribe Layan Degree of blood 3
Lives in country. How far from public school? 5 Length of term 10 mo.
Grades in this school 8 Number of teachers 1
Why do you not attend this school? Getting too old

RECORD OF ATTENDANCE	NUMBER YEARS	DATES	WHERE
Primary grades (beg. 1, 2, and 3)	1, 2, 3		Layan Ind Sch.
Elementary grades (4, 5, and 6)	4, 5, 6	1929	Layan Ind Sch.
Junior high school (7, 8, and 9)			
Senior high school (10, 11, and 12)			

Why do you wish to enroll in an Indian school? To learn a trade

VOCATIONAL

Underscore any three trade courses you prefer in order of preference:
Agriculture, Auto Mechanics, Baking, Business, Carpentry, Dairying, Engineering, Home Economics,
Masonry, Mechanical Drawing, Nursing, Normal Training, Painting, Poultry, Physical Education, Shoe
and Harness Repair, Tailoring.

What industrial or trade experience have you had? _____

What training or experience have you had in music? None

What athletic experience have you had? None

What is your church preference? Catholic

DE REGARDING PARENTS

	FATHER	MOTHER
Name	[REDACTED]	
Is parent living?	Dead	Living
Home post office	Barro Colorado	Barro Colorado, P.O. 1660
Agency post office		
Roll number		
Degree of blood	3/4	1/4
How much land is owned?		
How much taxable?		
Estimated value of land		
Annual income from land		
Other income		
Source		
Amount		
Pays taxes on		
Land		
Personal property		
Owens home		
Number of rooms		
Number living there		
Education		
Occupation		

FOIA6

Do parents live together?

Is there a stepfather? Stepmother?

With whom do you make your home? Mother

How many brothers of school age? 2 In school? 2 Where? Jayon

How many sisters of school age? 1 In school? 1 Where? Jayon

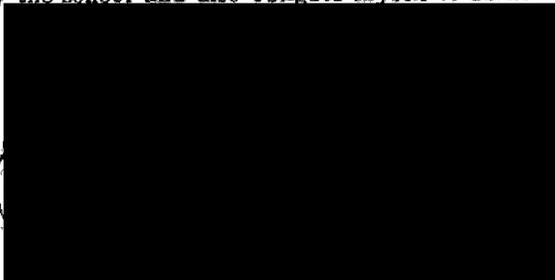
Can this pupil pay own transportation to school?

If can not, why not?

REMARKS:

I, the undersigned, do hereby voluntarily consent and agree to this enrollment in said school for a term of four years, or to complete the course of study prescribed by the school and also obligate myself to abide by all rules and regulations for Indian schools.

WITNESS:



MEDICAL CERTIFICATE

Name _____ Sex _____ Age _____ Weight _____ Height _____
 Skin _____ Eyes _____ Vision _____ Ears _____
 Hearing _____ Nose _____ Sinuses _____ Teeth _____
 Gums _____ Tonsils _____ Pharynx _____ Neck _____
 Chest _____ Lungs _____ Heart _____ Pulse _____
 Hemorrhoids _____ Genitals _____ Lymph nodes _____
 Nervous system _____ Varicose veins _____ Feet _____
 Urinalysis (where indicated) _____
 Vaccinations: Date _____ Smallpox _____ Typhoid _____
 Diphtheria _____ Recommendations _____

Which of the following diseases has applicant had or shows evidence of having had (underscore):
 Chickenpox, Diphtheria, Measles, Tuberculosis, Typhoid, Scarlet Fever, Smallpox, Whooping Cough,
 other _____

FOIA6

CERTIFICATE OF SCHOOL PHYSICIAN

I hereby certify that on Sept 1929, I made a careful examination
 of the physical condition of _____, the child
 named in the foregoing application, and found him to be
normal

I therefore recommend that the said child be _____ enrolled in this
 school.

Oct 3 1929
 Date

W. W. Rohle
 Physician

Sherman Press 9-22-25 1000

INSTRUCTIONS

LAWS

Hereafter the Secretary of the Interior is authorized to make and enforce such rules and regulations as may be necessary to secure the enrollment and regular attendance of eligible Indian children who are wards of the Government in schools maintained for their benefit by the United States or in public schools.

That hereafter no appropriation, except appropriations made pursuant to treaties, shall be used to educate children of less than one-fourth Indian blood whose parents are citizens of the United States and of the State wherein they live and where there are adequate free school facilities provided.

No Indian pupil under the age of 14 years shall be transported at Government expense to any Indian school beyond the limits of the State or Territory in which the parents of such child reside or of the adjoining State or Territory.

EXTRACTS FROM SCHOOL RULES

No Indian youth over 20 years of age shall be admitted to any Indian school, except those maintaining senior high school grades, which schools may enroll up to 21 years of age, for special vocational courses, without the consent of the Commissioner of Indian Affairs. No pupil over the age of 21 years shall be continued in school, except in senior high schools, without the approval of the Commissioner of Indian Affairs.

Preference in all cases shall be given to those children who (a) have a greater degree of Indian blood; and (b) who would be denied an education if not admitted to Indian schools. Indian children shall not be enrolled in Indian schools if suitable and adequate public school facilities are available and home conditions are such that they can be admitted without prejudice because of their health or the conditions under which they live.

Applicants whose parents have ample financial resources shall not be enrolled, except upon payment of tuition. Pupils shall be required to pay their transportation expenses if they have sufficient funds to do so.

Before enrolling a pupil, superintendents must satisfy themselves whether he has deserted from any other school or has been expelled for cause. A pupil who has deserted or been expelled for cause from another school may not be reenrolled, except upon mutual agreement of superintendents concerned.

Pupils shall not be enrolled in any nonreservation school without a duly executed certificate of transfer in form prescribed by the Indian Office. Pupils shall not be transferred from one nonreservation school to another, except for good reasons shown, supported by recommendations from the superintendent of the former school.

The information as to public school facilities called for (first page hereof) must be given, and all superintendents are especially directed to exhaust every means to secure enrollment of Indian children in the State public schools, pursuant to instructions heretofore issued in this regard.

Sherman Institute
Riverside, California

April 19, 1933

[REDACTED]
Tejon Ranch
Box 1560
Bakersfield, Calif.

Dear Sir:

The term of enrollment of your son,
[REDACTED] expires this year. **FOIA6**

Please sign the enclosed slip and
return it to us if you wish him re-enrolled
until the completion of his course of study
here. Our school, no doubt, will be crowded
again this fall and students whose enrollment
has expired and who wish to continue should
re-enroll before June 15.

Very truly yours,

Donald H. Biery
Superintendent

T

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**National Archives and Records Administration
Pacific Region (Laguna Niguel)**

Record Group: RG 75, Records of the Bureau of Indian Affairs

Agency or Division: Sherman Institute

Series: Student Case Files (1903-1950)

Folder Title: [REDACTED]

Box Number: 251

1 of 3

FOIA6

For guidance citing records, ask for a copy of *Citing Records in the National Archives of the United States* (GIL 17) or view it at: www.archives.gov/publications/general_information_leaflets/17.html

Name *[Redacted]*
 Age *16*
 Place *Tejon*
 Degree *F*
 P. O. *Bakersfield, Calif.*
 Date entered, fiscal year *8/31/30* *7/31* *8/31* *3/2* *7/1* *2/3* *1/31* *1/19* *35*
 Original entry *9/10/29*
 Previous months in school *63*
 Total months in school *78* *Ne. 21* *85* *94* *99* *103* *108* *109*
 Industry *mining*
 Entry grade *7*
 Present grade *10* *11* *12* *12* *12* *12* *12* *12* *12*
 Distance from public school *1.2*
 No. days attendance *(120-15)* *175-72* *(117-15)* *(117-15)* *(113-15)* *(13)*
 Parents *[Redacted]*
 Village or Agency *Sacramento*
 Religious affiliation *Catholic*

FOIA6

Remarks: For industrial Tr.
 Home *6/7-32* Rtd. *8/31/32*
 Home *6/14-33* Rtd. *6/20-33*
 Outing *7/6-34*, Rtd. *9/17-34*
 Home *6/14-35*, Rtd. *12/19-35*
 sch. to emp. *Dr. 4/13-36*

8-198
(Feb. 1929)

APPLICATION FOR ADMISSION TO NON-RESERVATION SCHOOL AND TEST OF ELIGIBILITY

To Shen Jap Indian School, located at Rumon State Calif
 From San Joaquin Jurisdiction. Approved by _____ Date _____
 Title _____



FOIA6

Application for enrollment _____ to enter grade 8
 Date of birth March 13, 1914 Age 15 Sex M
 P. O. address Greenfield Box 1560 Tribe Tejon Degree of blood J
 Lives in ^{country} country. How far from public school? 1/2 Length of term 10 mo
 Grades in this school 8 Number of teachers 1
 Why do you not attend this school? Distance too far

RECORD OF ATTENDANCE	NUMBER YEARS	DATES	WHERE
Primary grades (beg. 1, 2, and 3)	1 2 3		Tejon
Elementary grades (4, 5, and 6)	4 5 6		Tejon
Junior high school (7, 8, and 9)	7, 8	1929	Tejon
Senior high school (10, 11, and 12)			

Why do you wish to enroll in an Indian school? To learn trade

VOCATIONAL

Underscore any three trade courses you prefer in order of preference:
 Agriculture, Auto Mechanics, Baking, Business, Carpentry, Dairying, Engineering, Home Economics,
 Masonry, Mechanical Drawing, Nursing, Normal Training, Painting, Poultry, Physical Education, Shoe
 and Harness Repair, Tailoring.

What industrial or trade experience have you had? None

What training or experience have you had in music? None

What athletic experience have you had? None

What is your church preference? Catholic

DATA REGARDING PARENTS

	FATHER	MOTHER
Name	[REDACTED]	[REDACTED]
Is parent living?	Yes	Yes
Home post office	Bakersfield # 1560	Bakersfield Box 1560
Agency post office		
Roll number		
Degree of blood	Full	Full
How much land is owned?		
How much taxable?		
Estimated value of land		
Annual income from land		
Other income		
Source		
Amount		
Pays taxes on		
Land		
Personal property		
Owens home		
Number of rooms		
Number living there		
Education		
Occupation		

FOIA6

Do parents live together? Yes

Is there a stepfather? No Stepmother? No

With whom do you make your home? Parents

How many brothers of school age? 2 In school? 2 Where? Japan

How many sisters of school age? 0 In school? 0 Where? 0

Can this pupil pay own transportation to school? —

If can not, why not? —

REMARKS: _____

I, the undersigned, do hereby voluntarily consent and agree to this enrollment in said school for a term of four years, or to complete the course of study prescribed by the school and also obligate myself to abide by all rules and regulations for Indian schools.

WITNESS:

[REDACTED]

(Parent, guardian, or next of kin)
Bakersfield Box 1560
(P. O. address)

MEDICAL CERTIFICATE

Name _____ Sex _____ Age _____ Weight _____ Height _____

Skin _____ Eyes _____ Vision _____ Ears _____

Hearing _____ Nose _____ Sinuses _____ Teeth _____

Gums _____ Tonsils _____ Pharynx _____ Neck _____

Chest _____ Lungs _____ Heart _____ Pulse _____

Hemorrhoids _____ Genitals _____ Lymph nodes _____

Nervous system _____ Varicose veins _____ Feet _____

Urinalysis (where indicated) _____

Vaccinations: Date _____ Smallpox _____ Typhoid _____

Diphtheria _____ Recommendations _____

Which of the following diseases has applicant had or shows evidence of having had (underscore):
Chickpox, Diphtheria, Measles, Tuberculosis, Typhoid, Scarlet Fever, Smallpox, Whooping Cough,

I, a duly licensed practicing physician, do hereby certify that I have carefully examined the applicant and find him in proper physical condition to attend school. **FOIA6** There was no indication that the applicant has been in contact with anyone who has been infected with tuberculosis or other contagious disease which would menace the health of other pupils. A thorough examination has been made and no evidence found to indicate venereal disease.

CERTIFICATE OF SCHOOL PHYSICIAN

I hereby certify that on Sept 1929, I made a careful examination of the physical condition of _____, the child named in the foregoing application, and found him to be _____.

Date: normal

Therefore recommend that the said child be _____ enrolled in this school.

CERTIFICATE OF ENROLLING FIELD OFFICIAL

Date: Oct 3 1929

W. W. Robler
Physician

Sherman Press 9-22-25 1000

CERTIFICATE OF SCHOOL ACCEPTING ENROLLMENT

Applicant is (enrolled, transferred, dismissed) for the following reasons: _____

INSTRUCTIONS

LAWS

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Preference in all cases shall be given to those children who (a) have a greater degree of Indian blood; and (b) who would be denied an education if not admitted to Indian schools. Indian children shall not be enrolled in Indian schools if suitable and adequate public school facilities are available and home conditions are such that they can be admitted without prejudice because of their health or the conditions under which they live.

Applicants whose parents have ample financial resources shall not be enrolled, except upon payment of tuition. Pupils shall be required to pay their transportation expenses if they have sufficient funds to do so.

Before enrolling a pupil, superintendents must satisfy themselves whether he has deserted from any other school or has been expelled for cause. A pupil who has deserted or been expelled for cause from another school may not be reenrolled, except upon mutual agreement of superintendents concerned.

Pupils shall not be enrolled in any nonreservation school without a duly executed certificate of transfer in form prescribed by the Indian Office. Pupils shall not be transferred from one nonreservation school to another, except for good reasons shown, supported by recommendations from the superintendent of the former school.

The information as to public school facilities called for (first page hereof) must be given, and all superintendents are especially directed to exhaust every means to secure enrollment of Indian children in the State public schools, pursuant to instructions heretofore issued in this regard.

FOIA6

SHERMAN INSTITUTE
RIVERSIDE, CALIFORNIA.

Application for admission to SHERMAN School

[REDACTED] M M F March 13, 1918
Name of applicant. Sex Date of birth.

Bakersfield Box 1560 Tejon 1/2
Home address. Tribe. Degree of Indian blood.

Is a member of _____
Attends the Catholic Church.
Prefers

PUBLIC OR DAY SCHOOL NEAREST HOME TO WHICH APPLICANT IS ELIGIBLE

Name of School _____ Location: _____
Post Office _____

Grades Taught _____ Annual Term _____
Number. Months. District _____

Miles from home 1/2 County _____

Is transportation furnished? _____ Why does applicant not attend this
school? To old

Grade _____

SCHOOLS FORMERLY ATTENDED

Name	Place	Dates attended School years.	Grade completed	Reason for leaving
1. Tejon				
2. "				
3. "		1929		
4.				
5.				

Can applicant pay tuition (particularly if high school graduate, or if applicant for
commercial or advanced trade course)? _____

Can applicant pay own transportation? _____

DATA REGARDING PARENTS

	FATHER	MOTHER
Name in full	[REDACTED]	[REDACTED]
Is parent living?		
Home post office	Bakerfield	Same
Agency post office		
Degree of Indian blood	Full Roll No.	Roll No. Full
How much land is owned?		
How much taxable?		
Estimated value of land	Annual income	Annual income
Other income. Source		
Amount		
Owens home	No. of rooms	No. of rooms
Number living here		
Education		
Occupation		
Language spoken in home		
Do parents live together? Yes Stepfather? no Stepmother no With whom does applicant make home? Parents Family dependent on relief? Health problems in family?		
If parents are not living, or if student does not live with parents, give name, address, relationship, and any special information concerning nearest relatives:		

Other social problems in or surrounding home: _____

What members of family are employed in the government service?

Name	Relation to applicant
Position	Permanent? Salary
Name	Relation to applicant
Position	Permanent? Salary

I hereby voluntarily consent and agree to this enrollment. I also give my consent to emergency operations and to minor operations such as the removal of tonsils, while the child is in school, if such procedure is necessary.
 Beranrd Montes

I recommend enrollment and suggest the following type of program for applicant:

Signature of Parent.

Signature of Applicant

Approved: _____
 Superintendent.

Social Worker
 Educational Field Agent
 Principal

Reproduced from the holdings of the National Archives and Records Administration
 Pacific Region (Laguna Niguel)

Sherman Institute
Riverside, California
January 20, 1941

[REDACTED]
Rocky Boy, Montana

FOIA6

Dear [REDACTED]

We were certainly glad to hear from you and to know that you are doing well at your work.

[REDACTED] are now attending school here.

We hope that it will be possible for you to come to our Commencement this year. You have not been here since you left. I am sure that you would enjoy meeting your old friends at that time.

The Sherman Annual is 50¢ a copy and we cannot send it C. O. D. If you will send us this amount we will be pleased to send it to your address at Rocky Boy.

Very sincerely yours,

D. H. Biery
Superintendent

RMB

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**National Archives and Records Administration
Pacific Region (Laguna Niguel)**

Record Group: RG 75, Records of the Bureau of Indian Affairs

Agency or Division: Sherman Institute

Series: Student Case Files (1903-1950)

Folder Title: [REDACTED]

Box Number: 77

1/2

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For guidance citing records, ask for a copy of *Citing Records in the National Archives of the United States* (GIL 17) or view it at: www.archives.gov/publications/general_information_leaflets/17.html

Name [REDACTED]

Age 19 1/6-1911 (356) 22

Tribe Tejon

Degree F

P. O. Tejon, Calif.

Date entered, fiscal year 8/31/30 7/1-31 7/1-32 7/1-33

Original entry 9/8/24

Previous months in school 18

Total months in school 82 85 92 94 99 103 106

Industry H.E.

Entry grade 3

FOIA6

Present grade 19X 17 19

Distance from public school 3

No. days attendance (116-151) 111-151 (117-151)

Parents [REDACTED]

Village or Agency Sacramento

Religious affiliation Catholic

Remarks: On leave 1/13. ret'd 1/17-31
Home 9/5-33

Graduated-1933

Sacramento Indian Agency

APR 29 1933

[REDACTED]

Born Jan. 16, 1912

Full blood Tejon

1 mile from school

Father: [REDACTED] (deceased) Mother: [REDACTED] (deceased)

Living with aunt - Refugio Duran on Tejon Ranch

P.O.- Bakersfield, Kern Co.

Entered Sherman in fall of 1924.

Now in 12th grade.

✓

FOIA6

Edward Swengel
Day School Representative

APPLICATION FOR ENROLLMENT IN A BOARDING SCHOOL

5-192

BRIEF.

FOIA6

APPLICATION OF

FOR THE ENROLLMENT OF



IN THE INDIAN SCHOOL AT

Riverside, Calif.

POST-OFFICE ADDRESS OF APPLICANT:

Sejour, Calif.

Date of enrollment, *June 1*, 192*9*

Term of enrollment, (*3*) years.

NAME OF PERSON ARRANGING FOR THE TRANSFER:

Position,

6-871

5-192

APPLICATION FOR ENROLLMENT IN A NONRESERVATION SCHOOL.

(For a child not enrolled at an Agency.)

For and in consideration of the United States assuming the care, education, and maintenance in the United States Indian School at Riverside, Calif., of [Redacted], I, Myself, (Parent, guardian, or next of kin.) of Rejon P. O., State of Calif., do hereby voluntarily consent and agree to my enrollment in said school for a period of 3 years, and also obligate and bind myself to abide by all the rules and regulations for Indian schools.

I further say that the said child was born at [Redacted] on 1903; that the father, Dead, Indian of the [Redacted] Tribe located at [Redacted] Agency; that he left the tribe about [Redacted]; that the mother, Dead, Indian of the [Redacted] Tribe located at [Redacted] Agency, and left the tribe about [Redacted]; that the said child was born and reared in the United States, and now actually resides therein; and that he has attended the following schools:

NAME OF SCHOOL—PUBLIC, GOVERNMENT, OR MISSION.	LOCATED AT—	DATE OF ENROLLMENT.	DATE OF DISCHARGE.	CAUSE OF DISCHARGE.	GRADE.
<u>Sherman Inst.</u>		<u>9-8-24</u>			

Should the child be returned home for one of the vacation periods of this enrollment at my request I further agree to pay all expenses, including round-trip railroad fares, sleeping-car fares, meals, lodging, stage fares, telegraph and telephone messages, and other incidental expenses connected with the visit. I further agree that said pupil shall be returned to the [Redacted] school on or before the last day of the vacation leave of absence. I further agree to deposit with the superintendent of the school sufficient money to defray all expenses to be incurred, and should the child fail to return to school at such time as may have been agreed upon by myself and the superintendent of the school, the amount of money remaining with the superintendent, necessary to the return transportation of the child so neglecting to return, shall be forfeited to the Government.

This [Redacted] day of [Redacted], 19 [Redacted]
Two witnesses: [Redacted]

(Note.—Every blank in this application must be properly filled out by the applicant, in his own handwriting, if possible. The signature, whether by mark or otherwise, must be attested by two witnesses.)

AFFIDAVIT.

I, [Redacted], do hereby swear that the statements made in the above application are true.

(Signature of applicant.) (Parent, guardian, or next of kin.)

Sworn to and subscribed before me this [Redacted] day of [Redacted], 19 [Redacted]

(Note.—This application and affidavit must be executed before some officer authorized to administer oaths by the parent with whom the child is living; if the parents are dead, by the guardian or next of kin.)

CERTIFICATE OF PHYSICIAN

I, _____, a practicing physician of _____,
do hereby certify that I have carefully examined _____,

the child named in this application, and find that _____ is in proper physical condition to attend school, and is not afflicted with tuberculosis or other disease which would be a menace to the health of other pupils.

This _____ day of _____, 19 _____, M. D.

VOUCHER OF PERSON ARRANGING FOR TRANSFER.

I hereby certify that I was present and witnessed the execution of the foregoing application made by _____; that its contents were explained or interpreted to _____ by _____; that I believe _____ understood the purport thereof; that I was present at the medical examination of the child named herein; that _____ resides with _____, in or near the town of _____, that the child can not have adequate and proper educational facilities at home for the reason that _____

Dated at _____ this _____ day of _____, 19 _____ (Official title.)

(Note.—This voucher must be executed by the official representative of the nonreservation school to which application is made. Vouchers from pupils and Indians will not be accepted.)

VOUCHERS OF DISINTERESTED PERSONS.
VOUCHER No. 1.

I, _____, of _____, do hereby certify that I am personally acquainted with _____, who makes the foregoing application; that I believe his statements therein are true; that I am acquainted with _____; that he is known and recognized in the community in which he lives as an Indian; that in my opinion he can not receive proper and adequate schooling at home for the reason that _____

Public school facilities:

(Here state whether the child lives within reach of a public school, whether the State laws permit it to enroll therein, and if it lives near the public school why it can not attend such school.)

This _____ day of _____, 19 _____

CERTIFICATE OF SCHOOL PHYSICIAN.

I HEREBY CERTIFY that on Oct 19 1929 I made a careful examination of
the physical condition of [REDACTED]
the child named in the foregoing application, and found her to be

normal

FOIA6

I recommend that the said child be _____ enrolled in this school.

This 19 day of Oct, 1929

School Physician.

The law provides:

"That hereafter no appropriation, except appropriations made pursuant to treaties, shall be used to educate children of less than one-fourth Indian blood whose parents are citizens of the United States and of the State wherein they live and where there are adequate free school facilities provided." (Act of May 25, 1918 (40 Stat. L., 564).)

EXTRACT FROM SCHOOL RULES.

If the facilities of a school are not needed as provided in the above paragraph, children showing any Indian blood, whose parents live on an Indian reservation, and who if debarred from Government schools could not obtain an education, may be enrolled in the day and boarding schools of their reservation; these children, however, may not be transferred to nonreservation schools without special permission from the Commissioner of Indian Affairs.

Before enrolling a pupil superintendants must satisfy themselves whether he has left any other school without permission and whether he has been expelled for cause from any other school. A pupil who has been expelled for cause from any Indian school may be reenrolled in any Indian school only with permission of the Commissioner of Indian Affairs. Attention is invited to Circulars Nos. 1039 and 1044, which must be observed.

Indian children whose parents are amply able to pay for their education and who have public school facilities at or near their homes shall not hereafter be enrolled in Government Indian Schools supported by gratuity appropriations, except on payment of actual per capita cost and transportation. (Sec. 6, Declaration of Policy, dated April 17, 1917.)

DEPARTMENT OF THE INTERIOR 6-571

Nov. 12 - 1930
Bakersfield Calif

Dear Sir - F.M. Conner.

Could you please

Let [redacted]
+ [redacted]

[redacted] come to their
sisters funeral, which
we relations will wait
for them. **FOIA6**

And we are sending
Mr Knowles to bring
them. and as soon
as it is over, they will
return again to school

[redacted] 13
Entered - 9-8-24
[redacted]

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**National Archives and Records Administration
Pacific Region (Laguna Niguel)**

Record Group: RG 75, Records of the Bureau of Indian Affairs

Agency or Division: Sherman Institute

Series: Student Case Files (1903-1950)

Folder Title: 

Box Number: 77

FOIA6

For guidance citing records, ask for a copy of *Citing Records in the National Archives of the United States* (GIL 17) or view it at: www.archives.gov/publications/general_information_leaflets/17.html

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Pacific Region (Laguna Niguel)

1925

Name [REDACTED]

Age 10 1/2

Tribe Tejon

Degree ~~Tejon~~ Full

P. O. Tejon, Calif.

Date entered, fiscal year

Original entry Sept. 8, 1924

Previous months in school 18

Total months in school 27 31 36

Industry 7+

FOIA6

Entry grade 3

Present grade 3

Distance from public school 3

No. da. attendance

Parents [REDACTED]

Village or Agency

Religious affiliation

Remarks: 7 done 6/10 26

Sherman Press-Riverside, California--10-9-23-500

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JUL 05 2006

ASIA-OFI

**National Archives and Records Administration
Pacific Region (Laguna Niguel)**

Record Group: RG 75, Records of the Bureau of Indian Affairs

Agency or Division: Sherman Institute

Series: Student Case Files (1903-1950)

Folder Title: [REDACTED]

Box Number: 103

FOIA6

For guidance citing records, ask for a copy of *Citing Records in the National Archives of the United States* (GIL 17) or view it at: www.archives.gov/publications/general_information_leaflets/17.html

DNW 10/14/33

Name [REDACTED]
Age ~~14~~ 10/21-1916 (15) - 16
Tribe Tejon
Degree F
P.O. Bakersfield, Calif.
Date entered, fiscal year 1/19/31 8/30-31-8/28-33
Original entry 1/19/31
Previous months in school 45
Total months in school 48 1/2, 54 1/2, 58 1/2, 63 1/2, 64
Industry School: agri. **FOIA6**
Entry grade 8
Present grade 6B-6A-9V
Distance from public school 1
No. days attendance 130-115-140 (39-
Parents [REDACTED]
Village or Agency Sacramento
Religious affiliation Catholic

Remarks: Wants to learn a vocation Home 5/29-31 (Re-enr. 9/30/31)
Home 5/20-32. Re-en 8/28-33. Des. 9/14-33 or 10/14/33

5-192
(Feb., 1953)

Call: 8-28-33 A.P.W.

APPLICATION FOR ADMISSION TO NON-RESERVATION SCHOOL

To _____ Indian School, located at _____ State Cal
 From Seco to _____ Jurisdiction. Approved by _____ Date 8-28-33
 Title _____

PUBLIC

FOIA6

Application for enrollment of _____ to enter grade 9
 Date of birth Oct. 21, 1916 Age 17 Sex Male
 P. O. address Bakersfield, Cal Tribe J. Tejon Degree of blood Full
Box 1560

PUBLIC OR DAY SCHOOL NEAREST TO APPLICANT'S HOME

Name of school Bakersfield 1. Post office Bakersfield
 Grades taught 1-12 Location: 2. District Tejon
 Number of months in annual term 9 3. County Kern
 Why do you not attend this school? 42 miles from school

INFORMATION REQUIRED

	FATHER	MOTHER
Name in full	<u>No</u>	<u>yes</u>
Is parent living?	<u>No</u>	<u>yes</u>
Home post office	<u>Bakersfield</u>	<u>"</u>
Agency post office	<u>"</u>	<u>"</u>
Degree of blood	<u>Full</u>	<u>Full</u>
Roll No.		Roll No.
How much land is owned?	<u>No</u>	<u>No</u>
How much taxable?	<u>"</u>	<u>"</u>
Estimated value of land	<u>"</u>	<u>"</u>
Annual income from land	<u>"</u>	<u>"</u>
Other income	<u>"</u>	<u>Welfare</u>
Source		
Amount		
Owns home	<u>No</u>	<u>No</u>
Number of rooms		Number of rooms
Number living there	<u>2</u>	<u>2</u>
Education	<u>High</u>	<u>No</u>
Occupation		<u>Welfare</u>
Language spoken in home	<u>English</u>	<u>English</u>

To what church do you belong? Catholic

Do parents live together? no

Is there a stepfather? no Stepmother? no

With whom do you make your home? mother

How many brothers of school age? 2 In school? 2 Where? 1 Sherman
1 Tejon

How many sisters of school age? - In school? - Where? -

Can this pupil pay own transportation to school? no

If can not, why not? _____

REMARKS: _____

Indicate first, second, and third choices of trades or vocations you would like to prepare for by putting 1, 2, and 3 in the parentheses () before the trade named: () Arts and Crafts, Weaving; () Laundering; () Cookery; () Clothing or Dressmaking; () Gardening; () Poultry; () Baking; () Barbering; () Chauffeur; () Tailoring; () Cleaning and Pressing; () Concrete Work; () Interior Decorating; () Landscape Gardening; () Dairying; (/) Farming; (2) Farm Mechanics; (3) Stock Raising; () Plumbing; () Electricity; () Steam Fitting and Power Plant Operation; () Machinist; () Forging and Welding; () Sheet Metal; () Painting; () Carpentry and Woodworking; () Plastering; () Stone Masonry and Bricklaying; () Auto Mechanics; () Printing; () _____

State the reasons for each choice:

I live on a farm

What trade experience have you had? no

Indicate what plans you have for (a) Further study; (b) Employment after having completed the course.

I, the undersigned, do hereby voluntarily consent and agree to this enrollment in said school for a term of four years, or to complete the course of study prescribed by the school and also obligate myself to abide by all rules and regulations for Indian schools.

FOIA6

WITNESS:

Geo. A. Knowles

[Redacted Signature]

(Parent, Guardian, or Next of Kin)

(P. O. address)

6-7781

MEDICAL CERTIFICATE

Name _____ Sex _____ Age _____ Weight _____ Height _____
Skin _____ Eyes _____ Vision _____ Ears _____
Hearing _____ Nose _____ Sinuses _____ Teeth _____
Gums _____ Tonsils _____ Pharynx _____ Neck _____
Chest _____ Lungs _____ Heart _____ Pulse _____
Hemorrhoids _____ Genitals _____ Lymph nodes _____
Nervous system _____ Varicose veins _____ Feet _____
Urinalysis (where indicated) _____
Vaccinations: Date _____ Smallpox _____ Typhoid _____
Diphtheria _____ Recommendations _____

Which of the following diseases has applicant had or shows evidence of having had (underscore):
Chickenpox, Diphtheria, Measles, Tuberculosis, Typhoid, Scarlet Fever, Smallpox, Whooping Cough,
other _____

I, a duly licensed practicing physician, do hereby certify that I have carefully examined this applicant and find him in proper physical condition to attend school; that there is no deviation from the normal other than has been noted above, and that applicant is not afflicted with tuberculosis or other contagious disease which would menace the health of other pupils. A thorough examination has been made and no evidence found to indicate venereal disease.

REMARKS: *

Date _____, M. D.
Address _____

*These should include a statement as to degree of robustness and nutrition. If evidence exists of tuberculosis, is it active or arrested?

CERTIFICATE OF ENROLLING FIELD OFFICIAL

I { do } recommend the enrollment of this pupil for the following reasons: _____

(Superintendent, Supervisor, Day School Representative, School Social Worker)

CERTIFICATE OF SCHOOL ACCEPTING ENROLLMENT

Applicant is (enrolled, transferred, dismissed) for the following reasons: _____

(Superintendent, Principal)

(3)

8-7788

INSTRUCTIONS

The Secretary of the Interior is authorized by law to make and enforce such rules and regulations as may be necessary to secure the enrollment and regular attendance of eligible Indian children who are wards of the Government in schools maintained for their benefit by the United States or in public schools.

No appropriations, except appropriations made pursuant to treaties, may be used to educate children of less than one-fourth Indian blood whose parents are citizens of the United States and of the State wherein they live and where there are adequate free school facilities provided.

No Indian pupil under the age of 14 years may be transported at Government expense to any Indian school beyond the limits of the State or Territory in which the parents of such child reside or of the adjoining State or Territory.

Preference in all cases must be given to those children who (a) have a greater degree of Indian blood; and (b) who would be denied an education if not admitted to Indian schools. Indian children are not to be enrolled in Indian boarding schools if suitable and adequate local school facilities are available and home conditions are such that they can be admitted without prejudice because of their health or the conditions under which they live.

Applicants whose parents have ample financial resources may not be enrolled, except upon payment of tuition. Pupils will be required to pay their transportation expenses if they have sufficient funds with which to do so.

Pupils must not be enrolled in any nonreservation boarding school without a duly executed certificate of transfer in form prescribed by the Indian Office. Pupils must not be transferred from one nonreservation school to another, except for good reasons shown, supported by recommendations from the superintendent of the former school.

The information as to public school facilities called for (first page hereof) must be given, and all superintendents are especially directed to exhaust every means to secure enrollment of Indian children in State public schools or in local day schools before recommending them for boarding school enrollment. 6-7781

5-192
(Feb., 1929)

APPLICATION FOR ADMISSION TO NON-RESERVATION SCHOOL AND TEST OF ELIGIBILITY

To Sherman Institute Indian School, located at Riverside State Calif
From Sacramento Jurisdiction. Approved by  Date 1/19/31
Title Supt.

FOIA6

Application for enrollment of  to enter grade 6
Date of birth Oct 21, 1916 Age 14/15 Sex M
P. O. address Box 1560 Oakersfield Tribe Tijon Degree of blood A
Lives in { town. How far from public school? 1 mile Length of term 10 mo.
Grades in this school 8 Number of teachers 1

Why do you not attend this school? Wants to learn a vocation

RECORD OF ATTENDANCE	NUMBER YEARS	DATES	WHERE
Primary grades (beg. 1, 2, and 3)	<u>+</u>		
Elementary grades (4, 5, and 6)	<u>4</u>	<u>Jan 16, 1931</u>	<u>Tijon Ind Sch</u>
Junior high school (7, 8, and 9)			
Senior high school (10, 11, and 12)			

Why do you wish to enroll in an Indian school? To learn a vocation

VOCATIONAL

Underscore any three trade courses you prefer in order of preference:
Agriculture, Auto Mechanics, Baking, Business, Carpentry, Dairying, Engineering, Home Economics,
Masonry, Mechanical Drawing, Nursing, Normal Training, Painting, Poultry, Physical Education, Shoe
and Harness Repair, Tailoring.

What industrial or trade experience have you had? No

What training or experience have you had in music? No

What athletic experience have you had? No

What is your church preference? Catholic

DATA REGARDING PARENTS

	FATHER	MOTHER
Name	[REDACTED]	[REDACTED]
Is parent living?	dead	Living
Home post office		1560 Bakersfield Cal
Agency post office	Co Sacramento Calif	
Roll number		
Degree of blood	Full	Full
How much land is owned?	no	no
How much taxable?	no	no
Estimated value of land	no	no
Annual income from land		
Other income		
Source		
Amount		
Pays taxes on		
Land		
Personal property		
Owens home		
Number of rooms		
Number living there		
Education		None
Occupation		House keeper

FOIA6

Do parents live together? _____

Is there a stepfather? _____ Stepmother? _____

With whom do you make your home? Mother

How many brothers of school age? 1 In school? 1 Where? Tyon Inglell

How many sisters of school age? 1 In school? 1 Where? Tyon Es

Can this pupil pay own transportation to school? No

If can not, why not? No funds

REMARKS: _____

I, the undersigned, do hereby voluntarily consent and agree to this enrollment in said school for a term of four years, or to complete the course of study prescribed by the school and also obligate myself to abide by all rules and regulations for Indian schools.

WITNESS:

Ses. A. Knowles

[REDACTED]

(Parent, guardian, or next of kin)

Box 1560 Bakersfield Cal

(P. O. address)

6-7781

MEDICAL CERTIFICATE

Name _____ Sex _____ Age _____ Weight _____ Height _____
Skin _____ Eyes _____ Vision _____ Ears _____
Hearing _____ Nose _____ Sinuses _____ Teeth _____
Gums _____ Tonsils _____ Pharynx _____ Neck _____
Chest _____ Lungs _____ Heart _____ Pulse _____
Hemorrhoids _____ Genitals _____ Lymph nodes _____
Nervous system _____ Varicose veins _____ Feet _____
Urinalysis (where indicated) _____
Vaccinations: Date _____ Smallpox _____ Typhoid _____
Diphtheria _____ Recommendations _____

Which of the following diseases has applicant had or shows evidence of having had (underscore):
Chickenpox, Diphtheria, Measles, Tuberculosis, Typhoid, Scarlet Fever, Smallpox, Whooping Cough,
other _____

I, a duly licensed practicing physician, do hereby certify that I have carefully examined this applicant and find him in proper physical condition to attend school; that there is no deviation from the normal other than has been noted above, and that applicant is not afflicted with tuberculosis or other contagious disease which would menace the health of other pupils. A thorough examination has been made and no evidence found to indicate venereal disease.

FOIA6

CERTIFICATE OF SCHOOL PHYSICIAN

I hereby certify that on Jan 20 1931, I made a careful examination of the physical condition of _____, the child named in the foregoing application, and found him to be physically fit

I therefore recommend that the said child be _____ enrolled in this school.

Jan 27 1931
Date

W. K. Koble
Physician

Sherman Press 9-25-'30-1000

INSTRUCTIONS

LAWS

Hereafter the Secretary of the Interior is authorized to make and enforce such rules and regulations as may be necessary to secure the enrollment and regular attendance of eligible Indian children who are wards of the Government in schools maintained for their benefit by the United States or in public schools.

That hereafter no appropriation, except appropriations made pursuant to treaties, shall be used to educate children of less than one-fourth Indian blood whose parents are citizens of the United States and of the State wherein they live and where there are adequate free school facilities provided.

No Indian pupil under the age of 14 years shall be transported at Government expense to any Indian school beyond the limits of the State or Territory in which the parents of such child reside or of the adjoining State or Territory.

EXTRACTS FROM SCHOOL RULES

No Indian youth over 20 years of age shall be admitted to any Indian school, except those maintaining senior high school grades, which schools may enroll up to 21 years of age, for special vocational courses, without the consent of the Commissioner of Indian Affairs. No pupil over the age of 21 years shall be continued in school, except in senior high schools, without the approval of the Commissioner of Indian Affairs.

Preference in all cases shall be given to those children who (a) have a greater degree of Indian blood; and (b) who would be denied an education if not admitted to Indian schools. Indian children shall not be enrolled in Indian schools if suitable and adequate public school facilities are available and home conditions are such that they can be admitted without prejudice because of their health or the conditions under which they live.

Applicants whose parents have ample financial resources shall not be enrolled, except upon payment of tuition. Pupils shall be required to pay their transportation expenses if they have sufficient funds to do so.

Before enrolling a pupil, superintendents must satisfy themselves whether he has deserted from any other school or has been expelled for cause. A pupil who has deserted or been expelled for cause from another school may not be reenrolled, except upon mutual agreement of superintendents concerned.

Pupils shall not be enrolled in any nonreservation school without a duly executed certificate of transfer in form prescribed by the Indian Office. Pupils shall not be transferred from one nonreservation school to another, except for good reasons shown, supported by recommendations from the superintendent of the former school.

The information as to public school facilities called for (first page hereof) must be given, and all superintendents are especially directed to exhaust every means to secure enrollment of Indian children in the State public schools, pursuant to instructions heretofore issued in this regard.

U. S. GOVERNMENT PRINTING OFFICE: 1911 6-17781

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**National Archives and Records Administration
Pacific Region (Laguna Niguel)**

Record Group: RG 75, Records of the Bureau of Indian Affairs

Agency or Division: Sherman Institute

Series: Student Case Files (1903-1950)

Folder Title: [REDACTED]

Box Number: 103

1/2

FOIA6

For guidance citing records, ask for a copy of *Citing Records in the National Archives of the United States* (GIL 17) or view it at: www.archives.gov/publications/general_information_leaflets/17.html

5-192a

APPLICATION FOR ENROLLMENT IN A NONRESERVATION SCHOOL
OF A CHILD ENROLLED AT AN AGENCY.

BRIEF.

FOIA6

APPLICATION OF

[REDACTED]

FOR THE ENROLLMENT OF

[REDACTED]

IN THE INDIAN SCHOOL AT

Sherman Institute, Riverside

NAME OF AGENCY FROM WHICH PUPIL CAME:

Tajon Indian School

Date of enrollment, *March 3*, 19*25*.

Term of enrollment, *Four* (*4*) years.

NAME OF PERSON ARRANGING FOR THE TRANSFER:

Position, _____

6-770

5-192a

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 Sherman Institute,
Riverside, California,

of [Redacted] (Name of child.); Female (Sex.); age 15; date of birth February 16, 1910;
Tujon Indian (Tribe.)

NAME OF FATHER (Both Indian and English.)	LIVING OR DEAD.	TRIBE	BAND.	DEGREE OF INDIAN BLOOD.
[Redacted]	Dead.	[Redacted]	[Redacted]	[Redacted]
NAME OF MOTHER [Redacted]	Living	Tujon Indian.	[Redacted]	Full.

FOIA6

I, Refugia Duran, (Parent, guardian, or next of kin.) do hereby voluntarily consent and agree to her enrollment in said school for a period of four (Not less than 3.) years, and also obligate myself to abide by 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 <i>Close</i>	CAUSE	GRADE
1. <u>Tujon Indian</u>	<u>Jan. 2, 1923</u>	<u>June 8, 1923</u>		<u>Second.</u>
2. " "	<u>Sept. 11, 1923</u>	<u>June 13, 1924</u>		<u>Third.</u>
3. " "	<u>Sept. 2, 1924</u>		<u>Desire for transfer</u>	<u>Fourth</u>
4.				

[Redacted]
(Parent, guardian, or next of kin.)

P. O. address: To Tujon Ranch,
Bakersfield, Calif.

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 her 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 3 day of March, 1925

J. M. Kirby M.D.
Physician at Kern County 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 _____
(Parent, guardian, or next of kin.)
was voluntary.

(Here state whether the child lives within reach of a public school, whether the State laws permit it to enroll therein, and if it lives near the public school why it can not attend such school.)

28
10
18

The child lives within reach of the Tojón Indian school, a public school where she has been in regular attendance, but desires vocational training beyond the capacity of said school.

FOIA6

I recommend the transfer of the said child.

This _____ day of _____, 191

J. R. Szada
Agent or Superintendent.

CERTIFICATE OF SCHOOL PHYSICIAN.

I hereby certify that on _____, I made a careful examination of the physical condition of _____
(As soon after arrival as possible.)
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 _____, 191

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 reservation school records. The reservation superintendent should 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.

Applicable 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.)

That no Indian pupil under the age of fourteen years shall be transported at Government expense to any Indian school beyond the limits of the State or Territory in which the parents of such child reside or of the adjoining State or Territory. (35 Stat. L., 781.)

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.

Compliance must be given to all orders and instructions promulgated in connection with the new course of study issued December 1, 1915.

The information as to public school facilities called for in the certificate of the Superintendent (third page hereof) must be given, and all superintendents are especially directed to exhaust every means to secure enrollment of Indian children in the State public schools, pursuant to instructions heretofore issued in this regard.

6-872

823

5-1142

DEPARTMENT OF THE INTERIOR

UNITED STATES INDIAN FIELD SERVICE

Sherman Institute
Riverside, Calif.

June 27, 1927

Mr. O. P. Madger,
Chief Probation Officer, Kern Co.
Bakersfield, Calif.

FOIA6

Dear Sir:

I am in receipt of your letter of June 24
relative to [REDACTED]

In reply I wish to advise that [REDACTED] has
just been in to see me and she does not want to go
home as she wishes to go outing, and I will send
her out this week. I believe it is advisable to
allow her to remain here under the circumstances.

Very truly yours

FMJ-F

Superintendent