



Deborah  
1/7/07

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# APPLICATION FOR ENROLLMENT IN A NON-RESERVATION SCHOOL

Full name of child... Daniel Medicine Bull Indian name is Maah-hah-ah-ah  
 Name of Father... Robert Medicine Bull  
 Name of Mother... Mrs. Agnes Red Fox Tribe... Cherokee  
 Reservation... Ingle River Degree of Indian blood of child... Full Blood  
 Is either parent white, if so, which?... No Are either or both allotted?... No  
 On what reservation?... None Age of child... Seventeen  
 What reservation school attended? Ingle River Boarding School How long? Three years  
 If ever enrolled in a non-reservation school, name of school... No  
 When?... No How long?... No  
 If ever dismissed from a school, where?... No When?... No  
 and for what reason?...

(Signed) Daniel Medicine Bull

NOTE—The above blank to be signed by the child, if old enough to understand its import; if not, by the parent, guardian or other person cognizant of the facts.

## CONSENT BLANK

I, Robert Medicine Bull parent, guardian or next of kin of the above-named child, Daniel Medicine Bull, do hereby consent to the transfer or enrollment for a period of five (5) years in the Indian School at Carlisle, Pa.

Dated at Quincy, Pennsylvania Agency on the 10th day of December, 1906

(Signed) Robert Medicine Bull P. V. Snell  
 (Parent, Guardian or next of kin.) W. E. Townsend

## PHYSICIAN'S CERTIFICATE

I hereby certify that I have personally examined the above-named Daniel Medicine Bull and have found him physically sound, and recommend the transfer so far as his health conditions are concerned. Dated at Camden, Missouri on the 10th day of December, 1906.

(Signed) Edna P. Townsend

## AGENT'S OR SUPERINTENDENT'S INDORSEMENT

The statements concerning the above named Robert Medicine Bull are believed by me to be correct, and I hereby recommend the transfer.

(Signed) J. Eddy  
 S. Indian Agent or Superintendent.

NOTE—Age limits, twelve to twenty years. Preferably fourteen to eighteen. Students must be at least one-fourth Indian, preferably full Indian. Special cases beyond the age limit can be given consideration.

**CONSENT OF**

.....  
**FOR THE ENROLLMENT OF**  
.....

**IN THE INDIAN SCHOOL AT**  
.....

For a term of..... years.

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*Name of agency or place from which pupil came.*  
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Date of enrollment,..... 190.....

Date of discharge,..... 190.....

Cause of discharge,..... 190.....

