

APPLICATION FOR ENROLLMENT IN A NON-RESERVATION INDIAN SCHOOL.

Full name of child Marion Mexican Chey Indian name is \_\_\_\_\_  
 of Mother Call, name of father \_\_\_\_\_, name \_\_\_\_\_  
 Tribe \_\_\_\_\_, Reservation \_\_\_\_\_  
 Degree of Indian blood of child \_\_\_\_\_  
 Is either parent white, if so, which \_\_\_\_\_ Are either or  
 both allotted \_\_\_\_\_ On what reservation \_\_\_\_\_ Age  
 of child \_\_\_\_\_ What reservation school attended \_\_\_\_\_  
 How long 2 1/2 years; if ever enrolled in nonreservation school,  
 how long 1 year, Name of School Fort Shaw Mont.  
 When \_\_\_\_\_, when \_\_\_\_\_, and for what reason \_\_\_\_\_  
 Signed Marion Mexican Chey

CONSENT BLANK.

I Char Scalp Con, parent, guardian, or next akin of the  
 above mentioned child Marion Mexican Chey do hereby consent to  
 transfer or enrollment for a period of five (5) years  
 in the Indian School at Carlisle, Pa.

Dated at Tongue River Agency Mont on the 23 day of  
February, 1907.  
 (Signed) Marion Mexican Chey

Witness

Chiron Little Chey

Char Scalp Con <sup>his</sup> mark

PHYSICIAN'S CERTIFICATE.

I hereby certify that I have personally examined the above  
 mentioned child Marion Mexican Chey and have found his  
 physically sound, and recommend the transfer so far as her or his  
 health conditions are concerned. Dated at Bushy Montana,  
 on the 23 day of Feb 1907.

B.B. Kelly M.D.

Agent's or Superintendent 's Indorsement.

The Statements concerning the above named Marion Mexican Cheyenne  
 are believed by me to be correct, and I hereby recommend the trans-  
 fer.

Dated Feb 23, 1907  
Tongue River Agency, 1907. J.P. Eddy Supt. & S.D.A.

APPLICATION FOR ENROLLMENT IN A NON-RESERVATION INDIAN SCHOOL.

Full name of child \_\_\_\_\_  
 Name of father \_\_\_\_\_  
 Name of mother \_\_\_\_\_  
 Degree of Indian blood of child \_\_\_\_\_  
 Is either parent white, if so, which \_\_\_\_\_  
 On what reservation \_\_\_\_\_  
 Was reservation school attended \_\_\_\_\_  
 How long \_\_\_\_\_  
 Name of school \_\_\_\_\_  
 If ever enrolled in non-reservation school, where \_\_\_\_\_  
 If ever dismissed from a school, where \_\_\_\_\_  
 When \_\_\_\_\_  
 and for what reason \_\_\_\_\_  
 Signed \_\_\_\_\_

CONSENT BLANK.

I, \_\_\_\_\_, parent, guardian, or next kin of the  
 above mentioned child, do hereby consent to  
 transfer of enrollment for a period of five (5) years  
 in the Indian School at Carlisle, Pa.  
 Dated at \_\_\_\_\_ Agency \_\_\_\_\_  
 on the \_\_\_\_\_ day of \_\_\_\_\_, 1907.  
 (Signed) \_\_\_\_\_

PHYSICIAN'S CERTIFICATE.

I hereby certify that I have personally examined the above  
 mentioned child \_\_\_\_\_ and have found  
 physically sound, and recommend the transfer so far as his  
 health conditions are concerned. Dated at \_\_\_\_\_  
 on the \_\_\_\_\_ day of \_\_\_\_\_, 1907.

Agent's or Superintendent's Indorsement.

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

Dated \_\_\_\_\_, 1907.  
 S. D. A.

Name. *Maison Mexican* Tribe. *Cheyenne* 327 Age. *22*  
Entered. *Feb 27-1907* Address. *Same Deer Mont.*  
Trade. *Tailor* Size of allotment. *None*  
Nature of allotment. \_\_\_\_\_  
How much under cultivation? \_\_\_\_\_ How much can be cultivated? \_\_\_\_\_  
When you leave Carlisle do you expect to return home? *Yes*  
What do you expect to do for your livelihood? *Farming*  
Have you previously worked at farming? *Yes*  
Where? *Sucker Lake* How long? *1 yr*  
Have you worked at a trade? *no* What trade? \_\_\_\_\_  
Where? \_\_\_\_\_ How long? \_\_\_\_\_  
Remarks \_\_\_\_\_  
Date. *Mar 17-1907*

*Sent home sick 4/23/07*

327

Marion Mexican Cheyenne

NAME AT CARLISLE

PRESENT NAME

DATE	INFORMATION THROUGH	ADDRESS	OCCUPATION	ITEMS OF INTEREST	GRADE
------	---------------------	---------	------------	-------------------	-------

1916