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APPLICATION FOR ENROLLMENT IN A NONRESERVATION SCHOOL.

Full name of child Wallace W. Lyndall, Indian name is \_\_\_\_\_  
 Name of father Joe W. Lyndall  
 Name of mother \_\_\_\_\_ Tribe Omaha  
 Reservation, Omaha Degree of Indian blood of child, three-fourth  
 Is either parent white, if so, which? Mother - 1/4 Are either or both allotted? both  
 On what reservation? Omaha Age of child, 13 What  
 reservation school attended? Fort Yuma School How long? about 2 years  
 If ever enrolled in a nonreservation school, name of school, Chamberlain, S. D.  
 When? year 1901-1903 How long? about 2 years If ever  
 dismissed from a school, where, \_\_\_\_\_; when, \_\_\_\_\_  
 and for what reason? \_\_\_\_\_

(Signed.) Joe W. Lyndall

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, Joe W. Lyndall, parent, guardian or next of kin of the  
 above-named child, Wallace W. Lyndall, do hereby consent to \_\_\_\_\_  
 transfer or enrollment for a period of five (5) years in the Indian school at Carlisle, Pa.  
 Dated at Fort Yuma School, Cal on the 22<sup>nd</sup>  
 day of April, 1905.  
 (Signed.) Joe W. Lyndall  
 [Parent, Guardian or next of kin.]

PHYSICIAN'S CERTIFICATE.

I hereby certify that I have personally examined the above-named Wallace  
W. Lyndall, and have found him physically sound, and recommend  
 the transfer so far as his health conditions are concerned. Dated Yuma Calif.  
 on the 22<sup>nd</sup> day of April, 1905.  
 (Signed) J. A. Ketcherich  
School Physician

AGENT'S OR SUPERINTENDENT'S INDORSEMENT.

Fort Yuma School, Apr 22, 1905  
 The statements concerning the above-named Wallace W. Lyndall are be-  
 lieved by me to be correct, and I hereby recommend the transfer.  
 (Signed.) John S. Spear  
U. 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

card made



CONSENT OF

FOR THE ENROLLMENT OF

IN THE INDIAN SCHOOL AT

For the term of \_\_\_\_\_ years

Name of agency or place from which pupil came:

Date of enrollment, \_\_\_\_\_ 190

Date of discharge, \_\_\_\_\_ 190

Cause of discharge, \_\_\_\_\_ 190

*John H. ...*

*John H. ...*

*John H. ...*

*John H. ...*

*John H. ...*

*John H. ...*

*John H. ...*

*John H. ...*

*John H. ...*

*John H. ...*

*John H. ...*

*John H. ...*

