





1665 Come July

APPLICATION FOR ENROLLMENT IN A NONRESERVATION SCHOOL. 4

Resister dropped June 30, 1906

Full name of child Avery Seneca Indian name is \_\_\_\_\_  
 Name of father John L. Seneca  
 Name of mother, Martha Seneca Tribe Seneca  
 Reservation, Cattaraugus Degree of Indian blood of child, Full  
 Is either parent white, if so, which? \_\_\_\_\_ Are either or both allotted? \_\_\_\_\_  
 On what reservation? \_\_\_\_\_ Age of child, 16 What  
 reservation school attended? Unaker School How long? 2 yrs.  
also state day school about four years-  
 If ever enrolled in a nonreservation school, name of school, \_\_\_\_\_  
 When? \_\_\_\_\_ How long? \_\_\_\_\_ If ever  
 dismissed from a school, where, \_\_\_\_\_; when, \_\_\_\_\_  
 and for what reason? \_\_\_\_\_

(Signed.) Avery Seneca

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, John L. Seneca, parent, guardian or next-of kin of the  
 above-named child, Avery Seneca, do hereby consent to his  
 transfer or enrollment for a period of five (5) years in the Indian school at Carlisle, Pa.

Dated at \_\_\_\_\_ on the \_\_\_\_\_  
 day of \_\_\_\_\_, 190\_\_\_\_\_  
 (Signed.) Mr. John L. Seneca  
[Parent, Guardian or next of kin.]

PHYSICIAN'S CERTIFICATE.

I hereby certify that I have personally examined the above-named Avery  
Seneca, and have found him physically sound, and recommend  
 the transfer so far as his health conditions are concerned. Dated at Dr. Quinn's City  
 on the 20th day of June, 1905.

(Signed) P. A. Lake  
Avery Physician

AGENT'S OR SUPERINTENDENT'S INDORSEMENT.

\_\_\_\_\_, 190\_\_\_\_\_  
 The statements concerning the above-named \_\_\_\_\_ are be-  
 lieved by me to be correct, and I hereby recommend the transfer.

(Signed.) \_\_\_\_\_  
 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



NOTE—The health teacher to (insert name) health teacher to (insert name) health teacher to (insert name) health teacher to (insert name)

I have read the above and I hereby recommend the transfer of the above named pupil to the school named above.

1908

AGENT'S OR SUPERINTENDENT'S ENDORSEMENT

(Signed) *Wm. J. [unclear]*

Agent or Superintendent

on the *15th* day of *June* 1908 the health conditions are considered *good* and I recommend the transfer of the above named pupil to the school named above.

PHYSICIAN'S CERTIFICATE

(Signed) *Wm. J. [unclear]*

Physician

Period of *1* year in the Indian school at *Carlisle Pa* for the above named child. I hereby consent to the transfer of the above named child to the school named above.

(Signed) *Wm. J. [unclear]*

NOTE—The above child to be placed in the school named above to attend the school named above.

and for what reason

When

CONSENT OF

FOR THE ENROLLMENT OF

IN THE INDIAN SCHOOL AT

For the term of *1* years

Name of agency or place from which pupil came:

Date of enrollment, 1908

Date of discharge, 1908

Cause of discharge, 1908

APPLICATION FOR ENROLLMENT IN INDIAN SCHOOLS

Full name of pupil *James [unclear]*  
Name of mother *[unclear]*  
Residence *[unclear]*  
On what reservation *[unclear]*  
Is either parent white *[unclear]*  
Name of mother *[unclear]*  
Name of father *[unclear]*  
Date of birth *[unclear]*  
Date of discharge *[unclear]*  
Cause of discharge *[unclear]*

