

Discharged

Oct. 16/06

Agro.



2005

# APPLICATION FOR ENROLLMENT IN A NON-RESERVATION SCHOOL

Full name of child Edgar R. Watson Indian name is \_\_\_\_\_  
 Name of Father Martin W. Watson  
 Name of mother Mary Watson Tribe Stockbridge  
 Reservation Stockbridge Degree of Indian blood of child One Eighth  
 Is either parent white, if so, which? No Are either or both allotted? No  
 On what reservation? \_\_\_\_\_ Age of child Eighteen What reservation school attended? \_\_\_\_\_ How long? \_\_\_\_\_  
 If ever enrolled in a nonreservation school, name of school, Belvidere Ill.  
 When? \_\_\_\_\_ How long? \_\_\_\_\_ If ever dismissed from a school, where \_\_\_\_\_; when \_\_\_\_\_ and for what reason? \_\_\_\_\_

(Signed.) Edgar R. Watson

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, Mary C. Watson, parent, guardian or next of kin of the above-named child, Edgar R. Watson, do hereby consent to approve his transfer or enrollment for a period of five (5) years in the Indian School at Carlisle, Pa.  
 Dated at Belvidere Illinois on the 26<sup>th</sup> day of September, 1905  
 (Signed.) Mary C. Watson  
 (Parent, Guardian or next of kin.)

## PHYSICIAN'S CERTIFICATE

I hereby certify that I have personally examined the above-named Edgar R. Watson  
Examined him and have found him physically sound, and recommend the transfer so far as I consider health conditions are concerned. Dated at Belvidere Ill, Sep. 26 1905  
 on the 26 day of Sept, 1905  
 (Signed) W. H. Hawkey, M.D.

## AGENT'S OR SUPERINTENDENT'S INDORSEMENT

The statements concerning the above-named Edgar R. Watson are believed by me to be correct, and I hereby recommend the transfer.  
 (Signed.) H. L. Bell  
 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. Special cases beyond the age limit can be given consideration.

Discharged Oct. 16, 1905 Negro.

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 .....

6-1-1904

