APPLICATION FOR ENROLLMENT IN A NON-RESERVATION SCHOOL

SCHOOL
Full name of child. Peter Loger. Indian name is
tier Name of Father Mitchell Loger
Name of mother, Mary Loger Tribe Mohawik
Reservation, St. Regio Degree of Indian blood of child full
Is either parent white, if so, which?Are either or both allotted?
On what reservation? All Regels Age of child, D. What
reservation school attended? No 1. St. Regio N. J. How long? B. years
If ever enrolled in a nonreservation school, name of school,
When?
dismissed from a school, where,; when,
and for what reason?
(Signed.) Peter Lozer
NOTE—The above blank to be signed by the child, if old enough to understand its impart; if not, by the parent, guardian or other person congizant of the facts
CONSENT BLANK
I, Mulchell Loger , parent, guardian or next of kin of the
above-name child, leter toger, do hereby consent to his
transfer or enrollment for a period of five (5) years in the Indian School at Carlisle, Pa.
Dated at Hoganshurg n. y. on the 29th
day of Clugast 190 5
(Signed.) Mitchell Joyer
(Parent, Guardian or next of king)
PHYSICIAN'S CERTIFICATE
I hereby certify that I have personally examined the above named.
, and have found physically sound, and recommend
the transfer so far as health conditions are concerned. Dated at Hogacusting
on the 28 day of deceg 1900
(Signed) (mall that
ACENTS OF SUPERINTENDENTS INDORSEMENT
AGENT'S OR SUPERINTENDENT'S INDORSEMENT
, 190
The statments concerning the above-named
lieved by me to be correct, and I hereby recommend the transfer.
(Signed.)

NOTE—Age limits, twelve to twenty years. preferably fourteen to eighteen. Students must be at least one-fouth 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 the term of	years
Name of agency or place from w	which pupil came:
Date of enrollment,	190
Date of discharge,	190
Cause of discharge,	190

2032.



APPLICATION FOR ENROLLMENT IN A NON-RESERVATION SCHOOL

P+ S
Full name of child. Leter Lagure This to he Indian name is
Full name of child. S. Manne of Father Mitchell Lagore
Name of mother, Tribe. Tribe. Reservation, Degree of Indian blood of child.
Is either parent white, if so, which?
On what reservation?
reservation school attended?
If ever enrolled in a nonresevervation school, name of school,
When?
dismissed from a school, where?; when?
and for what reason?
(Signed.)
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 parent, guardian or next of kin of the
above-named child, Deter Lagare , do hereby consent to
transfer or enrollment for a period of five (5) years in the Indian School at Carlisle, Pa.
Dated at
day of, 190 (Signed.)
(Parent, Guardian or next of kin.)
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PHYSICIAN'S CERTIFICATE
I hereby certify that I have personally examined the above-named
the transfer so far ashealth conditions are concerned. Dated at
on the
(Signed)
AGENT'S OR SUPERINTENDENT'S INDORSEMENT
The statements concerning the above-namedare 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 jourteen to eighteen. Students must be at least one-fourth Indian, preferably full Indian. Special cases beyond the age limit can be given consideration.

APPLICATION FOR ENROFLMENT IN A NON-RESERVATION

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PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

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HOSPITAL RECORD.								
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441**03**7 3M-4-09

Peter Lagorz

PRES	ENT NAME				
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Lazore, Peter 2032 Correspondence & parents file