

APPLICATION FOR ENROLLMENT IN A NON-RESERVATION

SCHOOL

Full name of child *Mitchell Squire* Indian name is *Wishu Squire*
Name of Father *Gomer Squire*
Name of Mother *Maggie Squire* Tribe *St. Regis*
Reservation *St. Regis* Degree of Indian blood of child *full*
Is either parent white, if so, which? *No* Are either or both allotted? *No*
On what reservation? *St. Regis, N. Y.* Age of child *12 yrs.* What reservation school attended? *St. Regis, N. Y.* How long? *Two years*
If ever enrolled in a non-reservation school, name of school, *No*
When? *No* How long? *No* If ever dismissed from a school, where? *No*; when? *No* and for what reason? *No*

(Signed.) *Peter Cole*

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, *Maggie Squire* parent, guardian or next of kin of the above-named child, *Mitchell Squire* do hereby consent to *his* transfer or enrollment for a period of five (5) years in the Indian School at Carlisle, Pa.
Dated at *Hogansburg, N. Y.* on the *thirty-first* day of *August*, 190*6*

(Signed.) *Maggie Squire*

Witness to mark *Peter Cole*

PHYSICIAN'S CERTIFICATE

I hereby certify that I have personally examined the above-named *Mitchell Squire* and have found *him* physically sound, and recommend the transfer so far as *his* health conditions are concerned. Dated at *Hogansburg* on the *31* day of *August*, 190*6*

(Signed.) *Edwin J. Klein, M.D.*

AGENT'S OR SUPERINTENDENT'S INDORSEMENT

....., 190.....

The statements concerning the above-named are believed 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. Special cases beyond the age limit can be given consideration.

made cards
S.M.

Brought here by Peter Cole

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