2186

APPLICATION FOR ENROLLMENT IN A NON-RESERVATION SCHOOL

Full name of child Fray Stoborivak Indian name is
Name of Father Forty Same
Name of mother, Kunyak Tribe Stobul - Eskin
Reservation, Alaskan Degree of Indian blood of child Trues
Is either parent white, if so, which?
On what reservation? Age of child, What
reservation school attended? Bettles Sch. Clashenow long? 6 weeks
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.) MCVam
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, D. M. Cram, parent, guardian or next of kin of the
above-name child, hay Koborwak ,, do hereby consent to her
transfer or enrollment for a period of five (5) years in the Indian School at Carlisle, Pa.
Dated at Carelle Ca. on the 12th
day of
PHYSICIAN'S CERTIFICATE
I hereby certify that I have personally examined the above-named Lay Koborivak
and have found her physically sound, and recommend
the transfer so far as her health conditions are concerned. Dated at Carlisle, fa
on the day of Jany 1906
(Signed) I Shoemaker
ueal segno indicate
lung. 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.)

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:		
ŧ	•		
Date of enrollment,	190		
Date of discharge,	190		
Cause of discharge,	190		

14 AND ET ROCH. 2186

REPORT AFTER LEAVING CARLISLE

441**03**7 3**M-**4**-**09

NAME AT CARLISLE

Fay

Koborirak

DR	EC	EA	IT	NA	ME

PRESE	NT NAME	V		·	
DATE	INFORMATION THROUGH	ADDRESS	OCCUPATION	ITEMS OF INTEREST	GRADE
1910					
110					
		*			