

2186

APPLICATION FOR ENROLLMENT IN A NON-RESERVATION SCHOOL

Full name of child Fay Koborivak Indian name is _____
 Name of Father Foxy Sam
 Name of mother Kunyak Tribe Kobuk-Eskimo
 Reservation Alaskan Degree of Indian blood of child Free
 Is either parent white, if so, which? — Are either or both allotted? —
 On what reservation? — Age of child 7 yrs. What
~~reservation~~ school attended? Pettles Sch Alaska How 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.) D.W. Gram

Discharged in 10 days after enrollment.

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, D. W. Gram, parent, guardian or next of kin of the
 above-name child, Fay Koborivak, do hereby consent to her
 transfer or enrollment for a period of five (5) years in the Indian School at Carlisle, Pa.
 Dated at Carlisle, Pa. on the 12th
 day of Jan., 1906
 (Signed.) D.W. Gram.
 (Parent, Guardian or next of kin.)

PHYSICIAN'S CERTIFICATE

I hereby certify that I have personally examined the above-named Fay Koborivak
 and have found her physically ^{and} do not sound, and recommend
 the transfer so far as her health conditions are concerned. Dated at Carlisle, Pa.
 on the 13 day of Jan., 1906
 (Signed) J. J. Shoemaker

n. b.
Physical signs indicate
Tubercular consolidation of
left lung.

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. 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 which pupil came:

Date of enrollment, 190

Date of discharge, 190

Cause of discharge, 190

REPORT AFTER LEAVING CARLISLE

2186

Fay Kobovirak

NAME AT CARLISLE

PRESENT NAME

DATE	INFORMATION THROUGH	ADDRESS	OCCUPATION	ITEMS OF INTEREST	GRADE
------	---------------------	---------	------------	-------------------	-------

1910