



3023

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APPLICATION FOR ENROLLMENT IN A NONRESERVATION SCHOOL.

Full name of child *Sallie Tall chief* Indian name is

Name of father *Chas. Tall chief*

Name of mother *Cora Tall chief* Tribe *Seneca*

Reservation, *Cattaraugus* Degree of Indian blood of child, *Full?*

Is either parent white, if so, which? Are either or both allotted?

On what reservation? Age of child, *10* What

reservation school attended? How long?

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.) *Sallie Tall chief*

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, *Chas. Kennedy*, parent, guardian ~~or next of kin~~ of the above-named child, *Sallie Tall chief*, do hereby consent to *her*

~~transfer or~~ enrollment for a period of five (5) years in the Indian school at Carlisle, Pa.

Dated at *Hershey, Irving, N. Y.* on the *26th*

day of *June*, 190*5*

(Signed.) *Charles Kennedy*  
[Parent, Guardian or next of kin.]

PHYSICIAN'S CERTIFICATE.

I hereby certify that I have personally examined the above-named *Sally Tall chief*, and have found *her* physically sound, and recommend

the transfer so far as *her* health conditions are concerned. Dated at *Droghda N.Y.*

on the *26th* day of *June*, 190*5*

(Signed.) *A. D. Sako*  
*Agency Physician*

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

Discharged 3rd Quarter 1906.

*Card made*

(Signed) \_\_\_\_\_

directed by me to be correct, and I hereby recommend the transfer.

The statements concerning the above-named \_\_\_\_\_

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are pe-

AGENTS OR SUPERINTENDENT'S ENDORSEMENT.

(Signed) \_\_\_\_\_

day of \_\_\_\_\_ 190

the transfer so far as the health conditions are concerned. Dated at \_\_\_\_\_

and have found \_\_\_\_\_ physically sound, and recommend \_\_\_\_\_

PHYSICIAN'S CERTIFICATE.

(Signed) \_\_\_\_\_

day of \_\_\_\_\_ 190

Dated at \_\_\_\_\_ on the \_\_\_\_\_

above-named child \_\_\_\_\_ do hereby consent to \_\_\_\_\_

CONSENT BLANK.

Signature of other person cognizant of the facts

NOTE—The above blank to be signed by the child, if old enough to understand the subject; if not, by the parent

(Signed) \_\_\_\_\_

and for what reasons?

discharged from a school, or placed

When?

If ever

If ever enrolled in a non-reservation school, name of school, \_\_\_\_\_

On what reservation \_\_\_\_\_

is either part white, or, white, \_\_\_\_\_

Reservation \_\_\_\_\_

Name of mother \_\_\_\_\_

Full name of child \_\_\_\_\_

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

APPLICATION FOR ENROLLMENT IN INDIAN SCHOOL.

