



X

APPLICATION FOR ENROLLMENT IN A NONRESERVATION SCHOOL.

Full name of child Robert Osborne Indian name is \_\_\_\_\_  
 Name of father William Osborne  
 Name of mother, Dead Tribe Pawnee  
 Reservation, Pawnee Degree of Indian blood of child, Full  
 Is either parent white, if so, which? \_\_\_\_\_ Are either or both allotted? \_\_\_\_\_  
 On what reservation? Pawnee Age of child, 16 What  
 reservation school attended? Pawnee How long? 4  
 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.) Robert Osborne

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, William Osborne, parent, guardian or next of kin of the  
 above-named child, \_\_\_\_\_, do hereby consent to \_\_\_\_\_  
 transfer or enrollment for a period of five (5) years in the Indian school at Carlisle, Pa.  
 Dated at \_\_\_\_\_ on the \_\_\_\_\_  
 day of \_\_\_\_\_, 190\_\_\_\_\_

(Signed.) William Osborne <sup>his</sup> X mark  
 [Parent, Guardian or next of kin.]

PHYSICIAN'S CERTIFICATE.

I hereby certify that I have personally examined the above-named Robert Osborne  
 \_\_\_\_\_, and have found him physically sound, and recommend  
 the transfer so far as his health conditions are concerned. Dated at Pawnee  
 on the 16 day of Aug, 1905

(Signed) S. H. Phillips

AGENT'S OR SUPERINTENDENT'S INDORSEMENT.

The statements concerning the above-named Robert Osborne are be-  
 lieved by me to be correct, and I hereby recommend the transfer.

(Signed.) Geo. W. Neese  
 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 4th Quarter 1906

Card made

**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**

*Handwritten signature/initials on the right margin.*

*Handwritten notes and scribbles at the bottom of the page.*