

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 A NON-RESERVATION SCHOOL

Signed during mid Quarter 1966 at Carlisle

Full name of child..... Johnny Quagin ..... Indian name is .....

Name of Father..... Jim Quagin .....

Name of mother..... Courtney ..... Tribe..... Chippewa .....

Reservation..... Courtney ..... Degree of Indian blood of child..... Full .....

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

On what reservation?..... Courtney ..... Age of child..... 18 ..... What reservation school attended?..... X ..... How long?..... X years .....

If ever enrolled in a nonreservation school, name of school..... X .....

When?..... X ..... How long?..... X ..... If ever dismissed from a school, where..... X ; when..... X and for what reason?..... X .....

(Signed.) Johnny Quagin

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....., parent, guardian or next of kin of the above-name 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.).....  
(Parent, Guardian or next of kin.)

## PHYSICIAN'S CERTIFICATE

I hereby certify that I have personally examined the above-named....., and have found..... physically sound, and recommend the transfer so far as..... health conditions are concerned. Dated at..... on the..... day of....., 190.....

(Signed).....

## 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.) David E. Jacobs  
Gert Farmer 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.

Card made