

CONSENT OF

O.C. Appleyard, Supt

FOR THE ENROLLMENT OF

Mabel Hood

IN THE INDIAN SCHOOL AT

Centerville

For the term of *0* years

Name of agency or place from which pupil came:

Klamath Agency, Oregon

Date of enrollment, 190

Date of discharge, 190

Cause of discharge, 190

(Signature) Mabel Hood

*Pls send statement of the
parents of Mabel Hood
to the Indian School at
Centerville, Oregon
for enrollment
on the 1st of
the month of
September 1900
at the
agency of
Klamath Agency,
Oregon*

REGISTERED

REGISTERED

*Mabel Hood
born 10-10-1890*

(Signature) O.C. Appleyard

Came Apl. 3 / 06

APPLICATION FOR ENROLLMENT IN A NONRESERVATION SCHOOL.

Full name of child Mabel Hood Indian name is
(has none) Name of father Leban Hood
Name of mother Lucinda Hood Tribe Moloc
Reservation Moloc Ind. T. Degree of Indian blood of child, 3/4
Is either parent white, if so, which? No Are either or both allotted? Both
On what reservation? Moloc Age of child, 9 What
reservation school attended? Gairax How long? 2 mos.
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.) Mabel Hood

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. S. and Lucinda Hood, parent, guardian or next of kin of the
above-named child, Mabel Hood, do hereby consent to her
transfer or enrollment for a period of five (5) years in the Indian school at Carlisle, Pa.
Dated at Fort Klamath, Ore. on the 8th
day of Nov., 1904

(Signed.) Chas. S. and Lucinda Hood
[Parent or guardian or next of kin.]

PHYSICIAN'S CERTIFICATE.

I hereby certify that I have personally examined the above-named Mabel Hood
and have found her physically sound, and recommend
the transfer so far as her health conditions are concerned. Dated at Klamath Agency, Ore.
on the 8 day of Nov., 1904

(Signed) Otis O. Benson, M.D.

AGENT'S OR SUPERINTENDENT'S INDORSEMENT.

Klamath Agency, Oregon, Dec. 13, 1904
The statements concerning the above-named Mabel Hood are be-
lieved by me to be correct, and I hereby recommend the transfer.

(Signed.) O. O. Appleby
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