



2972

# APPLICATION FOR ENROLLMENT IN A NON-RESERVATION SCHOOL

Full name of child Sophia Green Indian name is no name  
 Name of Father Levester Green  
 Name of mother Sarah Green Tribe Seneca  
 Reservation Leattaranquit Degree of Indian blood of child full  
 Is either parent white, if so, which? Neither Are either or both allotted? no  
 On what reservation? Leattaranquit Age of child 15 What reservation school attended? Leatta Dist School How long? 6 years  
 If ever enrolled in a nonreservation school, name of school never  
 When? ..... How long? ..... If ever dismissed from a school, where never; when ..... and for what reason? .....

(Signed.)

Sophia Green

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, Consent my girl to you, parent, guardian or next of kin of the above-name child Sarah Green, do hereby consent to have her transfer or enrollment for a period of five (5) years in the Indian School at Carlisle, Pa.  
 Dated at Quabbin Station N.Y. on the 15<sup>th</sup> day of Sept, 1906  
 (Signed.) Sarah Green  
 (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.) .....  
 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.

Discharged June 30, 1906.

Card made

**CONSENT OF**

*Sarah Green*

**FOR THE ENROLLMENT OF**

*Sophia Green*

**IN THE INDIAN SCHOOL AT**

*Leartisle Pa*

For the term of *5* years

Name of agency or place from which pupil came:

*Collins Station*

Date of enrollment, *Sept 5* 19*05*

Date of discharge, *Sept 5* 19*10*

Cause of discharge, *Term expires* 19*10*



DEPARTMENT OF THE INTERIOR,  
INDIAN INDUSTRIAL SCHOOL,  
Office of Superintendent,  
CARLISLE, PA.

CARLISLE PA  
JUL 12  
10-AM  
1912

11111

CARLISLE PA  
JUL 12  
10-AM  
1912

CARLISLE PA  
JUL 12  
1912

POSTAGE AND FEE  
PENALTY FOR PRIVATE USE  
4003

RETURNED  
TO  
WRITER

7/28

Deceased

~~Howard~~

Miss Sophia Green  
~~Collins Station~~  
~~New York~~

UNCLAIMED