

# APPLICATION FOR ENROLLMENT IN A NONRESERVATION SCHOOL.

Full name of child, Clover Cox Indian name is \_\_\_\_\_  
 Name of father, Jerrell Dixon  
 Name of mother, Eva Cox Tribe, Omaha  
 Reservation, \_\_\_\_\_ Degree of Indian blood of child, full  
 Is either parent white, if so, which? no Are either or both allotted? yes  
 On what reservation? Omaha Age of child, 16 What reservation school attended? Omaha How long? 3 yrs  
 If ever enrolled in a nonreservation school, name of school, Benon  
 When? 1899 to 1905 How long? 6 yrs If ever dismissed from a school, where, 16.05 no; when, \_\_\_\_\_ and for what reason? \_\_\_\_\_

(Signed.) Clover Cox

NOTE.—The above blank is 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, Clover Cox, ~~widow~~ parent, guardian, or next of kin of the above-named child, \_\_\_\_\_, do hereby consent to my transfer or enrollment for a period of 5 years (not less than three years) in the Indian school at Carlisle, Penn Dated at Carlisle, Pa on the 28 day of November, 1905  
 (Signed.) Clover Cox  
 (Parent, guardian, or next of kin.)

## PHYSICIAN'S CERTIFICATE.

I hereby certify that I have personally examined the above-named Clover Cox, and have found her physically sound, and recommend the transfer so far as her health conditions are concerned. Dated at Omaha Agency on the 6th day of Oct, 1905.  
 (Signed.) E. A. Jeans  
 School Phys.

## AGENT'S OR SUPERINTENDENT'S INDORSEMENT.

The statements concerning the above-named Clover Cox are believed by me to be correct, and I hereby recommend the transfer.  
 (Signed.) John F. Macey  
 U. S. Indian Agent or Superintendent.  
 Omaha Agency Oct. 10, 1905.

Act and Home 2nd Quarter 1905

Card made

CONSENT OF

*Clover Cox*

FOR THE ENROLLMENT OF

*Clover Cox*

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, \_\_\_\_\_

CONSENT BLANK.

PHYSICIAN'S CERTIFICATE

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

Dated at \_\_\_\_\_

AGENTS OR SUPERINTENDENTS INDORSEMENT

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