

5-192a

APPLICATION FOR ENROLLMENT IN A NONRESERVATION SCHOOL
OF A CHILD ENROLLED AT AN AGENCY.

BRIEF.

APPLICATION OF

Lucy M. Friedlander

FOR THE ENROLLMENT OF

herself

IN THE INDIAN SCHOOL AT

Haskell Institute, Lawrence, Kans.

NAME OF AGENCY FROM WHICH PUPIL CAME:

Colville Agency, Nespalem, Wash.

Date of enrollment, August, 1929.

Term of enrollment, Two (2) years.

NAME OF PERSON ARRANGING FOR THE TRANSFER:

Harvey K. Meyer

Position, Superintendent, Colville Agency.

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APPLICATION FOR ENROLLMENT IN A NONRESERVATION SCHOOL

(For a child enrolled at an Agency)

For and in consideration of the Government of the United States assuming the care, education, and maintenance in the United States Indian School at Lawrence, Kansas.

of Lucy M. Friedlander; Female; age 18; date of birth Nov. 24, 1910.;

Colville
(Tribe)

NAME OF FATHER (Both Indian and English)	LIVING OR DEAD	TRIBE	BAND	DEGREE OF INDIAN BLOOD
<u>Louie Friedlander</u>	<u>Dead</u>	<u>Colville</u>	<u>Entiat</u>	<u>1/2</u>
NAME OF MOTHER				
<u>Nellie (Moses) Friedlander</u>	<u>Liv.</u>	<u>Colville</u>	<u>Moses</u>	<u>4/4</u>

I, Lucy M. Friedlander, do hereby voluntarily consent and agree to my enrollment in said school for a period of two years, and also obligate myself to abide by all the rules and regulations for Indian schools.
(Parent, guardian, or next of kin)
(Not less than 3)

The said child has been enrolled in the following schools:

NAME OF SCHOOL	DATE OF ENROLLMENT	DATE OF DISCHARGE	CAUSE	GRADE
<u>Nespelem Day and Public Schools</u>	<u>1919</u>	<u>1929</u>	<u>Completion of course</u>	<u>10th</u>

Lucy M. Friedlander
(Parent, guardian, or next of kin)

P. O. address: Nespelem, Washington.

Two witnesses:

Mrs Emily Reese
Harvey T. Meyer

PHYSICIAN'S CERTIFICATE.

Name Iuey M. Friedlander Sex ^{Male} Female.

Tribes ~~Exix~~ 3/4 Colville State Washington July 15th, 19 29.

Age 18 and 6/12 years. Respiration 20 Condition of eyes neg

Height 5 ft. 4 ins. Vaccination PCar - 1923 Cervical glands neg

Weight 145 lbs. Temperature 98° Pulse 84 Throat slight toward enlargement

Does the applicant show evidences of now having or of having had any diseases of the lungs, heart, kidneys? If so, specify which and degree of involvement now

7-26-29 approved A.P.C. Henry N. Lisco, Physician.

CERTIFICATE OF AGENT OR BONDED SUPERINTENDENT.

I hereby certify that the statements made in the foregoing application and certificate, to the best of my knowledge and belief, are true; that the consent of the applicant was voluntary. (Parent, guardian, or next of kin.)

(Here state whether the child lives within reach of a public school, whether the State laws permit it to enroll therein, and if it lives near the public school why it can not attend such school.)

This young woman resides within distance of a public school where she has completed the course given.

The financial resources of the child and his (or her) family are as follows:

Neither the widowed mother nor this young woman have funds to finance a continuation of school attendance.

I recommend the transfer of the said child.

This 15th day of July, 19 29.

Harvey K. Meyer
Agent or Superintendent.

SPECIAL NOTE.

This form must be executed in duplicate when a child is transferred from a reservation to a nonreservation school. The Superintendent of the nonreservation school will retain the original for his files, and the duplicate shall be deposited in the reservation school records. The reservation superintendent should send to the Commissioner of Indian Affairs his certificate as provided by law. All the blanks must be properly filled in every case.

If the information called for on any part of the blank is not known, that fact should be stated. No space should be left unfilled. Whether the parents are living or dead, their names must be given.

The person who signs the blank as consenting to the transfer should indicate his relation to the applicant by marking out the word "parent," "guardian," or "next of kin," leaving unmarked only the title appropriate to the signer.