**APPLICATION FOR WORK PERMIT** Date of application

Certificate/Permit number

PDE‐4565 (1/13) Date issued

**A. To be completed by issuing officer**

|  |  |  |
| --- | --- | --- |
| Name of minor | Sex Color of hair Color of eyes  | Signature of issuing officer |
| Any physical work restrictions | School district ‐ name and address |
| Place of residence | Place of birth |
| Date of birth | Evidence of age accepted and filed. Evidence shall be required in the order designated. Cross out all but the one accepted.a. Transcript of birth certificate b. Baptismal certificate or transcript c. Passport d. Other documentary evidence e. Affidavit of parent or guardian accompanied byphysician's statement of opinion as to the age of the minor |
| Month | Day | Year |

**B. To be completed by parent or guardian, unless minor is a high school graduate (please attach proof of graduation)**

Signature of parent, guardian or legal custodian\* Name and address of parent, guardian or legal custodian

Commonwealth of Pennsylvania ‐ Department of Education

\*In lieu of signature under clause (B), the applicant may execute a statement before a notary public or other person authorized to administer oaths attesting to the accuracy of the facts set forth in the application on a form prescribed by the department. The statement shall be attached to the application.