

## Application for a Work Permit

### **Items Needed For Verification of Information**

1. Copy of Birth Certificate
2. Proof of 2.0 GPA – per State Requirements
3. Copy of Social Security Card
4. Copy of Recent Physical
5. Letter of intent to employ from the prospective employer, signed and filled out by the employer, stating the type of work being performed and the hours to be worked.

#### Minor's Information

Minor's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City & State of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

GPA: \_\_\_\_\_ - Please note the State Requirement is 2.0 to obtain a work permit in Illinois.

#### Parent/Guardian Consent

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby give my consent to my child/ward to engage in part-time employment with the employer indicated on this application, and agree to comply with the stated regulations and laws applicable to the specific type of employment for which this application is being submitted.

I give my permission to release any/all medical report information to commensurate with Illinois Revised Statutes, Chapter 48, Section 31.12, sub-section (d) (4), it deems necessary in connection and for the sole purpose of my child/ward obtaining an employment certificate as that term is defined under the Child Labor Laws of the State of Illinois.

Any description of a prior or existing physical condition which may, in the judgment of the school district and/or student's physician, be the basis for limiting the issuance of the employment certificate shall not constitute a violation of any right of a minor student which is guaranteed under the Family Educational Right to Privacy Act.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

#### **Verification of Information (For office use only)**

Birth Date: \_\_\_\_\_

Present Age: \_\_\_\_\_

Birth Certificate Verified

Other (Specify) \_\_\_\_\_

Copy of Physical attached: \_\_\_\_\_

Copy of Letter of Intent: \_\_\_\_\_

Social Security Card \_\_\_\_\_

Information verified by: \_\_\_\_\_

\_\_\_\_\_  
Staff signature

\_\_\_\_\_  
Date