# APPLICATION FOR WORK PERMIT

Date of application _____

Certificate/Permit number _____

PDE-4565 (1/13)

Date issued _____

**A. To be completed by the applicant**

| Name of minor | Sex_____<br>Color of hair _____<br>Color of eyes _____ | Signature of issuing officer<br>Elizabeth Gaboriault |
|---|---|---|
| Any physical work restrictions | | School district - name and address<br>Owen J. Roberts School District<br>901 Ridge Road<br>Pottstown, PA 19465 |
| Place of residence | Place of birth | |

| Date of birth | | |
|---|---|---|
| Month | Day | Year |
| | | |

Evidence of age accepted and filed. Evidence shall be required in the order designated. Check the accepted evidence.

- ☐ a. Transcript of birth certificate
- ☐ b. Baptismal certificate or transcript
- ☐ c. Passport
- ☐ d. Other documentary evidence
- ☐ e. Affidavit of parent or guardian accompanied by physician's statement of opinion as to the age of the minor

**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.