

APPLICATION FOR WORK PERMIT

Date of application _____

Certificate/Permit number _____

Date issued _____

A.

Name of minor			Sex _____	
			Color of hair _____	
			Color of eyes _____	
Any physical work restrictions None				School district – name and address Boyertown Area School District Working Papers Office 120 North Monroe Street Boyertown, PA 19512
Place of residence		Place of birth – Hospital, City & State		

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 by physician'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

*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.