

## APPLICATION FOR WORK PERMIT

Date of application \_\_\_\_\_

Certificate/Permit number \_\_\_\_\_

Date issued \_\_\_\_\_

PDE-4565 (1/13)

### A. To be completed by the applicant

Name of minor	Signature of issuing officer
Sex _____	Color of hair _____
Color of hair _____	Color of eyes _____

Any physical work restrictions \_\_\_\_\_

School district - name and address  
 Pennsbury School District  
 134 Yardley Avenue  
 Fallsington, PA 19054

Place of residence	Place of birth
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Date of birth	Evidence of age accepted and filed. Evidence shall be required in the order designated. Check the accepted evidence.	
Month	Day	Year
	a. Transcript of birth certificate	b. Baptismal certificate or transcript
	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
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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.