

APPLICATION FOR WORK PERMIT

PDE-4565 (10/91)

Date of application _____

Certificate/Permit number _____

Date issued _____

A. To be completed by the applicant

| | | |
|---------------|---|--|
| Name of minor | Sex _____ Color of hair _____ Color of eyes _____ | Signature of issuing officer <i>Laurie A. Ruffing</i> |
|---------------|---|--|

| | |
|--------------------------------|--|
| Place of residence | School district - name and address The Pennsbury School District 134 Yardley Avenue Fallsington, Pennsylvania 19058 |
| Any physical work restrictions | 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. | | |
|---------------|-----|------|---|---|-------------|
| Month | Day | Year | 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)

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|---|---|
| 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 a 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.