

APPLICATION FOR WORK PERMIT

PDE-4565 (1/13)

Date of application _____

Certificate/Permit number _____

Date issued _____

A. To be completed by issuing officer

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

Any physical work restrictions	School district - name and address
Place of residence	Boiling Springs High School 21 Academy St. Boiling Springs, PA 17007
Place of birth (CITY, STATE)	

Date of birth Month Day Year	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	

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 (please print)
---	--

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.