

# 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 | Sex _____           | Signature of issuing officer |
|               | Color of hair _____ |                              |
|               | Color of eyes _____ |                              |

|                                |   |
|--------------------------------|---|
| Any physical work restrictions | School district - name and address  |
| Place of residence             | Pittsburgh Public Schools<br>341 S. Bellefield Avenue<br>Pittsburgh, PA 15213 |
| 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)

|   |   |
|---|---|
| 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.

## To be Completed by the Student ONLY

### APPLICANT DEMOGRAPHIC INFORMATION

Student Please Print Legibly

|                       |             |                          |  |
|-----------------------|-------------|--------------------------|--|
| Date:                 |             | Permit Number:           |  |
| Last Name:            | First Name: | Date of Birth:           | Proof of Age:<br><input type="checkbox"/> Birth Certificate<br><input type="checkbox"/> Passport/ID Card<br><input type="checkbox"/> Other |
| Current School:       |             | Home Phone:              |  |
| Current Home Address: |             |                          |  |
| City:                 | State:      | Zip Code:                |  |
| Parent/Guardian Name: |             | Parent/Guardian Address: |  |