## APPLICATION FOR W

ORK PERMIT	Date of application
2	Certificate/Permit number
	Date issued

Any physical work restrictions  Place of residence  Date of birth  Nonth Day Vear d. Other documentary evidence b. Baptismal certificate e. Affidavit of parent or guardian accompanied by physician's statement of opinion as to the age of the 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  School district - name and address School district - name and address	School di	Place of birth  of age accepted and filed. Evidence a. Transcript of birth certificate d. Other documentary evidence t or guardian, unless minor is legal custodian*	Any physical work restrictions  Place of residence  Date of birth  Day  Year  Month  Day  Year  d. Other docun  a. Transcript of d. Other docun  B. To be completed by parent or guardian,  Signature of parent, guardian or legal custodian*	Any physical work restrictions  Place of residence  Date of birth Month Day Year  Month Day Year  B. To be completed by par  Signature of parent, guardian	Any physical work residence  Place of residence  Date of birth  Month Day Y  Month Day Y  B. To be complet  Signature of parent	Any phy Place of  Month  B. To b  Signatu
'		Color of hair				
Signature		Sex		7	Name of minor	Name
		lian	A. To be completed by parent or guardian	pleted b	be con	A. To
ed	Date issued				PDE-4565 (1/13)	PDE-45
Certificate/Permit number	Certificat	3				

Commonwealth of Pennsylvania - Department of Education

administer oaths attesting to the accuracy of the facts set forth in the application on a form prescribed by the department. The \*In lieu of signature under clause (B), the applicant may execute a statement before a notary public or other person authorized to statement shall be attached to the application.



## PARENTAL ACKNOWLEDGEMENT OF MINOR'S DUTIES AND HOURS OF EMPLOYMENT

(Must be completed for n	ninors under 16 years	s of age)*	
(This section to be co	ompleted by the empl	oyer.)	
	ame of minor) s employment with	, age,	
	, will consist o	f the following duties and hours:	
(This section to be co	mpleted by the empl	oyer.)	
Duties of minor (e.g., cashier, food service, lifeguard, sales clerk, etc.)	Hours of work:		
	Sunday	.m	.m.
	Monday		.m.
	Tuesday		·m.
	Wednesday	.m	·m.
Personal Control of the Control of t	Thursday	.m	.m.
0	_ Friday	.m	.m.
	Saturday	.m,-	۰m۰
	Other/additional h	nours (include explanation):	
( □ additional sheet(s) attached)	-		
(To be signed by minor	 's parent or legal gua	– – – – – – – – – . ardian.)	
I hereby acknowledge that I understand the above minor for this employer and grant permission for t provisions of 18 Pa. C.S. § 4904 (relating to unswe	his employment. This	s statement is made subject to	ned :o the
	Parent of	6 17	
(Printed name of parent or legal guardian) $\Box$	Legal guardian	(Name of minor)	
(Signature of parent or legal quardian)	-	(Date)	

<sup>\*</sup> This form is required to be completed by the parent or legal guardian of a minor employee under 16 years of age pursuant to Section 8(a)(2)(ii) of the Child Labor Act, and the original copy must be kept by the employer at the workplace along with other records of the minor's employment required by Section 8(d).