

WORK PERMIT: STUDENT MUST PRESENT AN ACCEPTABLE FORM OF ID IN PERSON WITH COMPLETED APPLICATION SIGNED BY PARENT/GUARDIAN

**APPLICATION FOR EMPLOYMENT CERTIFICATE
OR TRANSFERABLE WORK PERMIT**

PDE—4565 (10/91)

Date of Application _____
Certificate/Permit Number _____
Date Issued _____

A. To be completed by parent guardian or legal custodian

Name of Minor		Sex _____ Color of Hair _____ Color of Eyes _____	Signature of Issuing Officer	
Any Distinguishing Characteristics:		School District – Name and Address		
Place of Residence		SCHOOL DISTRICT OF HAVERFORD TOWNSHIP 50 EAST EAGLE ROAD HAVERTOWN, PA 19083 610-853-5900 X 7000		
Date of Birth		Evidence of age accepted and filed. Evidence shall be required in the order designated. Cross out all but 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.		
Month	Day			Year

B. To be completed by parent guardian or legal custodian

I, the parent, guardian or legal custodian of the above-named minor, request the issuance of an employment certificate as indicated below:
Mark only one

* _____ General Employment Certificate _____ Transferable Work Permit (in lieu of General Employment Certificate)
_____ Vacation Employment Certificate _____ Transferable Work Permit (in lieu of Vacation Employment Certificate)

Signature of Parent, Guardian or Legal Custodian	Name and Address of Parent, Guardian or Legal Custodian