

APPLICATION FOR WORK PERMIT

Date of application _____

Certificate/Permit number _____

Date issued _____

PDE-4565 (1/13)

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 | The School District of Haverford Township 50 East Eagle Road Havertown, PA 19083 (610) 853-5900 ext. 7000 |
| 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.