

APPLICATION FOR WORK PERMIT

PDE-4565 (1/13)

Date of application _____

Certificate/Permit number _____

Date issued _____

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			Place of birth			
Date of birth			Evidence of age accepted and filed. Evidence shall be required in the order designated. Check the accepted evidence. 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 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.