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 _____ Color of hair _____ Color of eyes _____	Signature of issuing officer
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. 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 a 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.