

APPLICATION FOR WORK PERMIT

Date of application _____
 Certificate/Permit number _____
 Date issued _____

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|--|---|---|--|--|--|--|-------|-----|------|--|--|--|
| A. | | | | | | | | | | | | |
| Name of minor | Sex _____ Color of hair _____ Color of eyes _____ | Signature of issuing officer _____ | | | | | | | | | | |
| Any physical work restrictions None | | School district – name and address Boyertown Area School District Working Papers Office 120 North Monroe Street Boyertown, PA 19512 | | | | | | | | | | |
| Place of residence | Place of birth – Hospital, City & State | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="text-align: center; padding: 2px;">Date of birth</td> <td rowspan="3" style="padding: 5px; vertical-align: top;">Evidence of age accepted and filed. Evidence shall be required in the order designated. Cross out all but the 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</td> </tr> <tr> <td style="width: 33%; padding: 2px;">Month</td> <td style="width: 33%; padding: 2px;">Day</td> <td style="width: 33%; padding: 2px;">Year</td> </tr> <tr> <td style="height: 30px;"></td> <td></td> <td></td> </tr> </table> | | | Date of birth | | | Evidence of age accepted and filed. Evidence shall be required in the order designated. Cross out all but the 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 | | | |
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| 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 | | | | | | | | | | |

*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.