

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 <i>Dave Tosh/BC</i>
	Color of hair _____	
	Color of eyes _____	

Any physical work restrictions	School district - name and address Wyoming Valley West School District 450 N. Maple Avenue Kingston, PA 18704-3630
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.
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
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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.