

APPLICATION FOR WORK PERMIT

Date of application _____

Certificate/Permit number _____

Date issued _____

PDE-4565 (1/13)

A. To be completed by issuing officer

<input checked="" type="checkbox"/> Name of minor _____	<input checked="" type="checkbox"/> Sex _____ Color of hair _____ Color of eyes _____	Signature of issuing officer _____
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<input checked="" type="checkbox"/> Any physical work restrictions _____	School district - name and address Red Land High School West Shore School District 560 Fishing Creek Road Lewisberry PA 17339
<input checked="" type="checkbox"/> Place of residence _____	<input checked="" type="checkbox"/> Place of birth _____

Date of birth <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Month</td> <td style="width:33%;">Day</td> <td style="width:33%;">Year</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	Month	Day	Year				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 d. Other documentary evidence	b. Baptismal certificate or transcript e. Affidavit of parent or guardian accompanied by physician's statement of opinion as to the age of the minor	c. Passport					

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.