

PLEASE COMPLETELY FILL OUT ALL HIGHLIGHTED SECTIONS
APPLICATION FOR WORK PERMIT

PDE-4565 (1/13)

Date of application _____

Certificate/Permit number _____

Date issued _____

A. To be completed by issuing officer

Name of minor	Sex _____ Color of hair _____ Color of eyes _____	Signature of issuing officer _____
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Any physical work restrictions _____ Place of residence COMPLETE ADDRESS _____ Place of birth (NAME OF CITY) _____	School district - name and address OCTORARA AREA SCHOOL DISTRICT 228 HIGHLAND ROAD, SUITE 1 ATGLEN, PA 19310
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Date of birth	Evidence of age accepted and filed. Evidence shall be required in the order designated. Cross out all but the one accepted. <table style="width: 100%;"><tr><td style="width: 33%;">a. Transcript of birth certificate</td><td style="width: 33%;">b. Baptismal certificate or transcript</td><td style="width: 33%;">c. Passport</td></tr><tr><td>d. Other documentary evidence</td><td colspan="2">e. Affidavit of parent or guardian accompanied by physician's statement of opinion as to the age of the minor</td></tr></table>	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	
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<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></table>	Month _____ 	Day _____ 	Year _____ 				
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 _____
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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.