


# 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 _____ Color of hair _____ Color of eyes _____	Signature of issuing officer 
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Any physical work restrictions

School district - name and address

Place of residence

Place of birth

**Montoursville**  
Area High School  
700 Mulberry St.  
**Montoursville, PA 17754**

Date of birth			Evidence of age accepted and filed. Evidence shall be required in the order designated. Check the accepted evidence.
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.