

Application for a Work Permit

Date: _____ Minor's Social Security Number: _____

Minor's Name: _____

Address: _____

City, _____ State, _____ Zip Code _____

Phone Number: _____

Parent/Guardian Name: _____

School Information

School Name: _____

Address: _____

City, State, _____ Zip _____ Code: _____

County: _____

Birth Information

Date: _____

City, _____ State, _____ Zip Code: _____

County: _____

Employer Information

Company Name: _____

Address: _____

City, _____ State, _____ Zip Code: _____

Phone Number: _____

Type of Business: _____

Minor's Job Title: _____

CONSENT of PARENT or GUARDIAN

I hereby give my consent to my child/ward to engage in part-time employment with the employer indicated on this application, and agree to comply with the stated regulations and laws applicable to the specific type of employment for which this application is being submitted.

I give my permission to release any/all medical report information to commensurate with Illinois Revised Statutes, Chapter 48, Section 31.12, sub-section (d) (4), it deems necessary in connection and for the sole purpose of my child/ward obtaining an employment certificate as that term is defined under the Child Labor Laws of the State of Illinois.

Any description of a prior or existing physical condition which may, in the judgment of the school district and/or student's physician, be the basis for limiting the issuance of the employment certificate shall not constitute a violation of any right of a minor student which is guaranteed under the Family Educational Right to Privacy Act.

Signature of Parent/Guardian

Date

(For office use only)

Birth Date: _____

Present Age: _____

Copy attached. Obtained from:

- Birth Certificate
- Other (Specify) _____

Copy of Physical attached: _____
Principal Form attached: _____
Copy of Letter of Intent: _____
Social Security Card _____
Trust Fund Verification Letter (As necessary) _____
Parent/Guardian ID _____

Information verified by: _____
Staff signature Date