## **APPLICATION FOR MINOR WORK PERMIT**

| Name of Student / Applicant in full:   |  | Sex:   |  | Grade Level:   |
|--|--|--|--|--|
|  |  | Шм   | ale Female   |  |
| Proof of Age (Type of document): Age:  | Date of Birth:   | Phys   | sician's certificate:  |  |
|  |  |  | Submitted with this application  | Valid physician certificate on fil   |
| ddress of Student /Applicant:  |  |  |  |  |
|  | Building:  |  |  |  |
| chool District:  | Dollaring.   |  |  |  |
| Parent or Guardian:  |  | Daroni   | or Guardian Telep  | shana Number   |
| alert of Guardian.   |  |  | . Of Guardian lelep  | nione Humber.  |
| address of Parent or Guardian:   |  |  |  |  |
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| HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND<br>BELIEF THE ABOVE STATEMENTS ARE TRUE AND THAT THE MING<br>LAMED ABOVE WILL WORK WITH MY APPROVAL.   | I HEREBY CER<br>ABOVE NOTED  | TIFY THAT I HAN<br>DOCUMENTAR  | /E EXAMINED AN   | D APPROVED THI   |
| X .  | X Wine   | di Sc  | haub   | liso_  |
| Signature of Parent or Guardian  | Superintendent / 6   | Chief Adminstrat   | ive Officer / Design   | ated Issuing Office  |
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| Date Signed  |  |  | of Office  | 00   |
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Address of employer if different from minor's place of employment LAMS COM 0000 (Replaces Chic Form II & III)

E-Mail address (Optional- if employer wants notification in case of revocation)

## PHYSICIAN'S CERTIFICATE FOR MINOR WORK PERMIT

3331,02 ORC 4109,02 ORC

| Name of Student / Applica   | int in full:  |  |   |                                | Sex:              | _             |
|---|---|--|---|--------------------------------|-------------------|---------------|
|   |   |  |   |                                | Male              | Female        |
| Date of Birth:  | Helght:   | Weight:  | Color of Hair:  |                                | Color of Eyes:    |               |
|   | ft.   | In.  | DB.   |                                |                   |               |
| Distinguishing Characteris  | stics, if any:  |  |   | -                              |                   |               |
| School District:  |   | В  | uilding:  |                                |                   |               |
|   |   |  |   |                                |                   |               |
| Parent or Guardian:   |   |  |   | Parent or G                    | uardian Telephone | Number:       |
|   |   |  |   |                                |                   |               |
|   |   |  |   |                                |                   |               |
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