APPLICATION FOR WORK PERMIT						Date of application		
						Certificate/Permit number		
PDE-4565 (1/13)						Date issued		
A. To b	e comp	leted b	y issuing officer					
Name of				Sex	Sex		Signature of issuing officer	
				Color of hair				
				Color of eyes				
Any physical work restrictions						School distric	t - name and address	
						Coatesville Area School District		
Place of residence				Place of birth		☐ 3030 C.G. Zinn Road		
						Thorndale, PA 19372		
			Ī	<u> </u>				
1	te of bi		1				e order designated. Cross out all but the one accepted.	
Month						b. Baptismal certificate or transcript c. Passport		
d. Other do			cumentary evidence		e. Affidavit of parent or guardian accompanied by physician's statement of opinion as to the age of the minor			
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						dress of paren	t, guardian or legal custodian	
	Commor	nwealth o	f Pennsylvania - Departm	ent of Educatio	n			
*In liqu	of cianat	turo und	or clause (P) the appli	cant may over	cuto a statomo	nt hoforo a no	tary 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.							
The state of the approximation of the approximation of the state of the approximation of the								
APPLICATION FOR WORK PERMIT						Date of application		
						Certificate/Permit number		
PDE-4565 (1/13)						Date issued		
A To b	e comn	lated b	v issuing officer					
A. To be completed by issuing officer Name of minor Sex							Signature of issuing officer	
				Color of hair				
				Color of eyes				
Λην, ηρν	cical wo	rk roctric	rtions			School district	L t - name and address	
Any physical work restrictions						School district - hame and address		
						Coatesville Area School District		
						3030 C.G. Zinn Road		
Place of residence				Place of birth				
						Thorndale, PA 19372		
Date of birth Evidence of age accepted and filed. Evidence shal						required in the	e order designated. Cross out all but the one accepted.	
						certificate or transcript c. Passport		
Month Day Year a. Transcript of birth certificate d. Other documentary evidence						e. Affidavit of parent or guardian accompanied by		
a. Other documentary evidence					401100	physician's statement of opinion as to the age of the minor		
<u> </u>			<u> </u>					
							ate (please attach proof of graduation)	
ડાgnatur	e of par	ent, guai	rdian or legal custodia	n "	IName and ad	uress of paren	t, guardian or legal custodian	

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.