

## APPLICATION FOR WORK PERMIT

Date of Application \_\_\_\_\_  
Certificate/Permit number \_\_\_\_\_  
Date Issued \_\_\_\_\_

To be completed by Parent/Guardian

Name of Minor			Sex _____ Color of Hair _____ Color of Eyes _____	Signature of issuing officer
Any physical work restrictions				<b>School District Name:</b> Central Bucks School District 20 Welden Drive Doylestown, PA 18901
Place of residence (full address)				Place of Birth (Name of Hospital, City, State)
Date of Birth		Name of parent, guardian, or legal custodian		
Month	Day	Year		
Signature of parent, guardian, or legal custodian				