

**Mt. Lebanon School District
155 Cochran Road
Pittsburgh, PA 15228-1107**

Instructions for Applying for Work Permit

ALL SECTIONS, A THROUGH D, OF THE APPLICATION (PDE 4565) MUST BE FILLED IN COMPLETELY BEFORE A WORK PERMIT CAN BE ISSUED. THE SECTIONS CAN BE COMPLETED IN ANY ORDER (E.G., THE EMPLOYER CAN COMPLETE SECTION C FIRST, OR THE PHYSICAL CAN BE DONE FIRST – SECTION D).

1. Section A should be partially completed by applicant. Fill in Name of Minor, Sex, Color of Hair, Color of Eyes, Place of Residence, and Date of Birth. Do NOT complete Signature of Issuing Officer.
2. Section B must be signed by the parent/guardian. Indicate General Employment for students aged 16 and 17. Indicate Vacation Employment for students under the age of 16. Please note that students under the age of 16 will also need to obtain form PDE 4502 from the high school guidance office prior to issuance of a work permit and should do so prior to beginning this process.
3. Section C must be completed in its entirety by the applicant's employer before the work permit can be issued.
4. Section D must be completed by a physician or certified nurse practitioner indicating that the applicant has had a physical exam by either the family doctor or the school physician within the last year. An appointment may be scheduled for a physical exam (without cost) through the Junior/Senior High School Medical Office, extension 2031, Room 404. Note: The school physician is not available during summer months.

After All Sections (A through D) Are Completed:

5. After all sections of the application are completed (by applicant, parent, employer, and physician), the applicant must bring one form of proof of age and the completed application to Room 527. Examples of acceptable proof of age are a birth certificate, baptismal certificate, passport, photo driver's license, photo school ID, or the affidavit of Birth Date (below). The Affidavit of Birth must be signed by both the family physician and the parent/guardian if other acceptable proof of age is unavailable. Note: The school physician cannot complete the Affidavit. A copy of proof of age must be kept on file for the State.

AFFIDAVIT OF BIRTH DATE (to be completed if no other acceptable proof of age is available)

We hereby verify the birth date of _____
Name of Student

as _____ City and state where born: _____
Month/Date/Year

Signature of Physician

Signature of Parent/Guardian

Address of Physician
