

PARENTAL INFORMATION

Parent/Guardian Name: _____

Address: _____

City: _____

State: _____

Zip: _____ Phone: _____

I hereby give my consent to my son/daughter or ward to engage in part-time employment at the above-mentioned firm 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 Township High School District 214 permission to release any and all medical report information commensurate with Illinois Revised Statutes, Chapter 48, Section 31.12, Sub-section (d)(4), it deems necessary in connection with and for the sole purpose of my child or 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 issue of the employment certificate shall not constitute a violation of any right of a student which is guaranteed under the Family Education Right to Privacy Act.

Parent/Guardian signature

Date

.....

STATEMENT OF PHYSICAL FITNESS

If school nurse maintains records, a signature of the nurse is acceptable verifying that a physical has been completed and that no restrictions were noted.

Date of physical: _____

Signature of Doctor/School Nurse: _____

Supplying incorrect or improper information on this application shall constitute a Class "C" misdemeanor pursuant to the laws of the State of Illinois.

APPLICATION FOR WORK PERMIT

You must complete the entire form. Your parent and school nurse or your doctor must sign their portion of the form., Take the completed form to the high school office with a copy of your birth certificate and request an official work permit from them.

Student's Name: _____

Date of Birth: _____

Address: _____

City of Birth: _____

City/State/Zip: _____

County of Birth: _____

State of Birth: _____

EMPLOYER'S STATEMENT

Name of Company: _____

Address of Company: _____
Street city state zip

Phone Number: _____

Nature of Business: _____

Student's job title and a description of the work that the student will do:

Job Title: _____

Description of job duties: _____

Student will work _____ school days per week, _____ hours per school day.
how many how many

He/she will work _____ hours on Saturday and/or Sunday.
how many

Are alcoholic beverages served? _____

Is this summer work only? _____

 _____
Signature of company official Date

Complete other side