

Amber Quirk Regional Superintendent DuPage County Schools

421 N County Farm Rd Wheaton IL 60187 Phone: 630.407.5800 Fax: 630.407.5802

Application for a Work Permit

1 Social Security card (original)	
2Birth Certificate (original)	
Letter of Intent of Employer (must also include Minor's specific work hours & Manager contact info)	
4 Current Physical Exam (must be dat	ted within 1 year of application
5 Principal's Statement (required if w	orking at all during the school year (September 1 through June 1)
6Child performer in an artistic or cre	eative service have a Trust Fund set up in the child's name where
15% of their gross earnings will be depo	sited
Please note that the minor must be pre-	sent with the parent or guardian when application materials are
submitted in person. This is a requireme	ent under section 205/12 of the Child Labor Law.
Student Information	
Minor's Name:	
Minor's Social Security Number (required): _	
Address:	
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Employer Information	
Business Name:	
Address:	City, State, Zip:
Phone Number:	Type of Business:
Consent of Parent or Guardian	
I herby give my consent to my child/ward to	engage in part-time employment with the employer indicated on this
application and agree to comply with the sta	ted regulations and laws applicable to the specific type of employment
for which this application is being submitted	
Signature of Parent/Guardian:	Date:
Address:	City, State, Zip:
Phone Number	Fmail: