

### AMBER QUIRK

Regional Superintendent DuPage County Schools

421 N. County Farm Road Wheaton, Illinois 60187 Phone: 630.407.5800 Fax: 630.407.5802

# **WORK PERMIT APPLICATION**

1. Original Birth Certificate					
☐ 2. Original Social Security Card					
☐ 3. Letter of Intent of Employer (must include Minor's specific work hours & Manager contact info					
☐ 4. Current Physical Exam (dated	within one year of the date you are applying for	work permit)			
☐ 5. Principal's Statement (Required	d if working at all during the school year (Septen	nber 1st - June 1st)			
$\ \square$ 6. Written Statement the parent of	approves of Child's Employment				
$\ \square$ 7. Work Permit Application Form (	(Parent must sign in presence of ROE issuing off	icer).			
8. Child performers in an artistic child's name where 15% of their g	or creative service have a Trust Fund/COOGAN ross earnings will be deposited	account set up in the			
•	ent with parent/guardian when application materials are subruirement under section 205/12 of the Child Labor Law.	mitted in person. This is a			
Minor/Child Information					
DOB: Minor's Socia	l Security Number (required):	-			
Minor's Name:		-			
Address:	City,State, Zip Code:	-			
Phone Number:					
Parent/Guardian Contact Information:					
Address:	City, State, Zip Code:				
Contact Phone Number:	Contact Email:				
Employer Information					
Business Name:		_			
Business Address (No P.O. Box):		_			
City, State, Zip Code:		_			
Business Phone Number:		_			
Type of Business:	Minor's Job Title:				



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### **Parent/Guardian Consent:**

I hereby 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 stated regulations and laws applicable to the specific type of employment for which this application is being submitted.

Signature of Parent/Guardian:	 	 
Printed Name of Parent/Guardian:	 	 

(Must be signed in the presence of the issuing officer)