

Work Permits are issued in the Counseling Office I-102


Between the hours of 7:45 am – 3:30 pm

**Please carefully read all information below**

## Work Permit Requirements

### Certificate of Age Requirements

- Work permits are issued to minors 0 months thru 15 years.
- Employment certificates cannot be issued to minors 0 months thru 13 years of age unless the minor will be employed as a model pursuant to **Section 250.260 of the Child Labor Law**.

 \*Child and parent/guardian must be present for permit to be issued  
No permit will be issued without copies (which are not returned) of all required documents listed below (the school will NOT make copies of your documents)

**Please note: You MUST have copies of the items listed below at the time of permit issuance~All copies are required by the state & not returned.**

1. Letter of intent from employer (this letter must state minors job description, hours and number of days per week of work)
2. Verification of age (provide one: birth certificate, passport, Baptismal record, Hospital Record)
3. Copy of Social Security Card
4. Physical dated within one year of the date minor is applying for permit or physicians note/letter stating the minor is in good physical condition. *(the school physical on file is not valid for this permit)*

## FOLLOW UP INFO

1. Written application (both sides) must be completed to obtain work permit for a minor
2. \*Parent/Guardian & minor must be present to obtain permit. The parent may NOT come in without the minor.
3. Social Security number is required

*Following the above instructions will expedite work permit issuance~*

# APPLICATION FOR WORK PERMIT

Date \_\_\_\_\_

Minors Social Security Number \_\_\_\_\_

Minors Name: (first) \_\_\_\_\_ (Initial) \_\_\_\_\_ (Last) \_\_\_\_\_

Address \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip) \_\_\_\_\_

Phone:  
(home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

Parent/Guardian Name (first) \_\_\_\_\_ Initial) \_\_\_\_\_ (Last) \_\_\_\_\_

## Consent Of Parent/Guardian

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.

I gave my permission to release any/all medical information commensurate with **Illinois Revised Statutes, Chapter 48. Sec. 31.12, sub section (D) (4)**, it deems necessary in connection and for the sole purpose of my child/ward obtaining an employment certificate as that terms 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 issuance of the employment certificate shall not constitute a violation of any right of a minor student which is guaranteed under the **Family Educational Right to Privacy Act**.

\_\_\_\_\_ Date \_\_\_\_\_

*Signature of Parent/Guardian*

**(to be signed in the presence of issuing officer\*)**

**\*The parental/guardian presence at the time of application is filed is required under Section 205/12 of the Illinois Child Labor Law.**

**Items required for verification of Information (see attached information sheet)**

- Birth Certificate/Passport.
- Social Security Card
- Physical Dated Within Last Year
- Letter of Intent from Employer

**Employer Information**

*All information must be completed*

Company Name Deerfield Youth Baseball Assoc.

Address PO Box 421 (city) Deerfield (state) IL

Phone number 847-921-1990

Type of Business Youth Baseball

Minors Job Title Umpire Job Description Umpire baseball/softball

Minor will work 1-4 School days per week 2 Hours per School Day

Minor will work 2-4 Hours on Saturday and/or  2-4 Hours on Sunday

games worked varies according to minors schedule

Summer Hours Only

**Verification of Information  
(Office Use Only)**

Birth Date (mo) \_\_\_\_\_ (date) \_\_\_\_\_ (year) \_\_\_\_\_

Present Age \_\_\_\_\_

**Proof of Age from:**

Birth Certificate  Hospital Certificate  Passport  Physicians Statement

Bible Record  Insurance Policy  Baptismal Certificate

- Copy of Physical Attached
- Copy of Letter of Intent Attached
- Copy of Birth Certificate Attached
- Principals Form Attached

**This information is verified by:**

\_\_\_\_\_  
Staff signature Date \_\_\_\_\_