

Oxford Area School District

Oxford Area High School

David A. Woods
Superintendent

Brian Cooney
Business Administrator

Margaret Billings-Jones, Ed.D.
Assistant Superintendent

Matthew Hovanec, Assistant Principal

James A. Canaday, Principal
Dana Douglas, Assistant Principal

Andrew Wendle, Assistant Principal

Kids First, Progress and Unity

Dear OAHS Families,

The Commonwealth has given some guidelines and accommodations to students who need working papers during the COVID-19 shutdown. While the process must still be followed, the papers can be submitted electronically, and the box for parent signature need only electronically signed. This allows people to apply for working papers without using a printer or scanner.

If you are in need of a work permit, please complete the attached application. Send it to jcanaday@oxfordasd.org, along with the necessary evidence. The documents that serve as evidence of age can be scanned or digitally photographed. If the application is approved, you will be contacted and OAHS administration will arrange a date and time that you can pick-up your working papers at the High School. This will be done with following all the appropriate social distancing guidelines.

If you have questions about this process, please contact me at awendle@oxfordasd.org.

Thank you for your patience and understanding during this time.

Sincerely,

Andy Wendle

Assistant Principal, OAHS

APPLICATION FOR WORK PERMIT

Date of application _____

Certificate/Permit number _____

Date issued _____

PDE-4565 (1/13)

A. To be completed by the applicant

| | | |
|---------------|---|------------------------------|
| Name of minor | Sex _____ Color of hair _____ Color of eyes _____ | Signature of issuing officer |
|---------------|---|------------------------------|

| | |
|--------------------------------|------------------------------------|
| Any physical work restrictions | School district - name and address |
| Place of residence | Place of birth |

| Date of birth | | | Evidence of age accepted and filed. Evidence shall be required in the order designated. Check the accepted evidence. | | |
|---------------|-----|------|--|---|-------------|
| Month | Day | Year | a. Transcript of birth certificate | b. Baptismal certificate or transcript | c. Passport |
| | | | d. Other documentary evidence | e. Affidavit of parent or guardian accompanied by physician's statement of opinion as to the age of the minor | |

B. To be completed by parent or guardian, unless minor is a high school graduate (please attach proof of graduation)

| | |
|---|---|
| Signature of parent, guardian or legal custodian* | Name and address of parent, guardian or legal custodian |
|---|---|

Commonwealth of Pennsylvania - Department of Education

*In lieu of signature under clause (B), the applicant may execute a statement before a notary public or other person authorized to administer oaths attesting to the accuracy of the facts set forth in the application on a form prescribed by the department. The statement shall be attached to the application.