Information dropped off in the High School Office (C101) before school will be ready at the end of the school day.

REQUIREMENTS FOR CHILD LABOR AND STREET TRADE PERMITS

1. **PROOF OF AGE** – ORIGINAL BIRTH RECORD, BAPTISMAL RECORD, OR DRIVER’S LICENSE ISSUED BY THE DEPARTMENT OF TRANSPORTATION. Birth record may be obtained from the Register of Deeds in the County of birth. Baptismal records may be obtained from the Pastor of the Church where the baptism took place.

2. The Minor’s **SOCIAL SECURITY CARD**. If the card is not available, other documentation such as an insurance form or tax form is acceptable proof of the number.

3. **LETTER FROM THE EMPLOYER** STATING THE INTENT TO EMPLOY THE MINOR ALONG WITH THE JOB DUTIES, HOURS OF WORK AND TIMES OF DAY THE MINOR WILL BE WORKING. As an alternative, the Employer may complete form shown below.

4. **LETTER FROM THE MINOR’S PARENT**, GUARDIAN OR COURT-ORDERED FOSTER PARENT WHILE THE MINOR IS UNDER THEIR CARE AND SUPERVISION CONSENTING TO THE EMPLOYMENT. As an alternative, the Parent, Guardian or Foster Parent may countersign the Employer’s letter or sign form shown below.

5. Statutory **PERMIT FEE IS $10.00**. The Employer is required to pay the permit fee. If the minor advances the fee, the Employer shall reimburse the minor not later than the minor’s first paycheck.

6. School address Minor attends or School District

**TO BE COMPLETED BY EMPLOYER**

WORK PERMIT ISSUED TO __________________________________________ AGE_________________

BUSINESS NAME OF EMPLOYER________________________________ PHONE ( ____ ) ____________

TYPE OF BUSINESS__________________________ TYPE OF WORK __________________________

____________________________________ DO PARENT(S) OWN BUSINESS? CHECK YES___ NO___

Employer’s Signature

_________________________________________________________________________________________

Employer’s Address                                                        (City)                        (State)               (Zip Code)

**TO BE COMPLETED BY PARENT OR GUARDIAN**

_____________________________________________ has my permission to work for the above business.

(Minor’s name)

(Parent/Guardian’s Signature)____________________________________ (Street Address) (City) (Zip Code) (Phone#)

Department of Workforce Development, Equal Rights Division, P.O. Box 8928, Madison, WI 53708-8928, ph. # 608-266-6860