

STATE OF CALIFORNIA  
 DEPARTMENT OF INDUSTRIAL RELATIONS DIVISION  
 OF LABOR STANDARDS ENFORCEMENT



APPLICATION FOR PERMISSION TO WORK  
 IN THE ENTERTAINMENT INDUSTRY  
 SCHOOL RECORD

Name of Minor:				Stage Name:		
Address		City	State	Zip	Home Phone Number	
School:				Grade:		
Date of Birth	Height	Weight	Hair Color	Eye Color	Gender	
STATEMENT OF PARENT OR GUARDIAN: It is my desire that a 6 Month Entertainment Work Permit be issued to the above named child. I will read the rules governing such employment and will cooperate to the best of my ability in safeguarding his or her educational, moral and physical interest. I hereby certify, under penalty of perjury, that the foregoing statements are true and correct and that the information provided regarding the minor is correct.						
Name of Parent or Guardian			Signature		Daytime Phone Number	

**\*\* Please CHECK the best description of the minor for each \*\***

Name of Minor:		
Attendance	Academics (Grades)	Health
<input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY	<input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY	Please indicate if the minor requires medical approval to obtain a permit <input type="checkbox"/> REQUIRED <input type="checkbox"/> NOT NEEDED
Certification: I certify that the above-named minor meets the school district's requirements with respect to age, school record and health <input type="checkbox"/> AGREE <input type="checkbox"/> UNACCEPTABLE		
Signature and Title of Authorized School Official		
Date Signed		
School Address		
[School Seal/Stamp or Address Stamp](REQUIRED)		
Daytime Phone		

**\*\* All Areas Must state SATISFACTORY for issuance of permit \*\***

**\*\* No Alterations \*\***