



**Machelle Kline, Executive Director**  
**Office of Accountability & Other Support Services**  
**Tonya L. Freeman, Director**  
Division of the Registrar  
430 Cleveland Avenue  
Columbus, OH 43215  
Ph. 614.365-5692  
Fax 614.365-5892  
[www.columbus.k12.oh.us](http://www.columbus.k12.oh.us)

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*Mission: Each student is highly educated, prepared for leadership and service, and empowered for success as a citizen in a global community.*

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## WORK PERMIT APPLICATION

The attached application form includes three sections:

- 1) **Student information section:** The student must complete this section and a Parent/Guardian Signature is required. The student must present the application to the Division of the School Choice with all parts completed, along with proof of age (School ID., Birth Certificate, State I.D., or Driver's License).
- 2) **Pledge of Employer section:** The employer **must complete** this section, including the **Mandatory Tax ID number** before the student's work permit will be processed.
- 3) **Physician's Approval:** This section must be completed and signed by a physician or a **physician signed** copy of a recent physical may be attached. If getting a physical at a private doctor, please have the doctor stamp or print their name and location.

Columbus City Schools offers a limited number of physicals two days per week, on a first come/first served basis, for students currently enrolled in the CCS district. The physicals are given at the Central Enrollment Center on the following days and times.

Tuesday Morning: 8:00 a.m. – 11:30 a.m.

Thursday Afternoon: 1:00 p.m. – 4:00 p.m.

**No Appointment is necessary.**

After all portions of the work permit application are complete, please take it to the Division of School Choice, located within the Central Enrollment Center at 430 Cleveland Avenue, between the hours of 8:30 a.m. and 4:30 p.m. Monday through Friday.

**Mandatory:** The student **must be present** to receive the work permit.

# APPLICATION FOR MINOR WORK PERMIT

3331.02 ORC  
4109.02 ORC

## STUDENT / APPLICANT INFORMATION

Name of Student / Applicant in full:

Sex:

Grade Level:

Male  Female

Proof of Age (Type of document):

Age:

Date of Birth:

Physician's certificate:

Submitted with this application  Valid physician's certificate on file

Address of Student /Applicant:

School District:

Building:

Parent or Guardian:

Parent or Guardian Telephone Number:

Address of Parent or Guardian:

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE ABOVE STATEMENTS ARE TRUE AND THAT THE MINOR NAMED ABOVE WILL WORK WITH MY APPROVAL.

X

Signature of Parent or Guardian

Date Signed

THE NUMBER OF HOURS OR DAYS AND THE TIMES DISPLAYED BELOW OR ON THE FINAL PERMIT ARE FOR REGULATORY PURPOSES ONLY AND ARE NOT TO BE CONSTRUED IN ANY WAY OR MANNER TO BE INDICATIVE OF A CONTRACT BETWEEN AN EMPLOYER AND THE EMPLOYEE.

I HEREBY CERTIFY THAT I HAVE EXAMINED AND APPROVED THE ABOVE NOTED DOCUMENTARY PROOF OF AGE.

X

Superintendent / Chief Administrative Officer / Designated Issuing Officer

Name of Office

Address of Office

## PLEDGE OF EMPLOYER

Name of Firm:

Telephone Number at Minor's Work Location:

Address of Student /Applicant's Place of Employment, Job Site, or Work Location:

Specific Nature of Employment:

Employer's Tax ID Number (9 digits). THIS FIELD IS MANDATORY

No. of Days Per Week: Hours Per Day: Starting Time: Quitting Time:

① ② ③ ④

IF MINOR WORKS A VARIED OR IRREGULAR SCHEDULE, ENTER "REPRESENTATIVE" TIMES IN ITEMS 1 THRU 4. ARE HOURS TO BE WORKED WITHIN THE LIMITS OF THE LAW?

YES

NO

THE UNDERSIGNED HEREBY AGREES TO EMPLOY THE ABOVE NAMED CHILD IN ACCORDANCE WITH LAWS REGULATING THE EMPLOYMENT OF MINORS. THE EMPLOYER FURTHER AGREES TO GIVE MINOR A COPY OF THE WAGE AGREEMENT IN ACCORDANCE WITH SEC. 4109.42 ORC. THE EMPLOYMENT WILL BECOME EFFECTIVE AS SOON AS THE NECESSARY AGE AND SCHOOLING CERTIFICATE IS VERIFIED BY THE EMPLOYER. THE EMPLOYER AGREES TO PERMIT THE CHILD TO ATTEND PART TIME SCHOOL WHEN SUCH IS AVAILABLE AND TO NOTIFY THE SCHOOL WITHIN FIVE DAYS AFTER THE EMPLOYMENT OF THE CHILD TERMINATES

X

Signature of person authorized to sign for employer

Date signed

Telephone number

Address of employer if different from minor's place of employment

E-Mail address  
(Optional- if employer wants notification in case of revocation)

**APPLICANT INFORMATION**

Name of Student / Applicant in full:

Sex:

Male  Female

Date of Birth:

Height:

Weight:

Color of Hair:

Color of Eyes:

 ft.  in. lbs.

Distinguishing Characteristics, if any:

School District:

Building:

Parent or Guardian:

Parent or Guardian Telephone Number:

**PHYSICIAN'S APPROVAL**

THE UNDERSIGNED HEREBY CERTIFIES THAT THEY HAVE THOROUGHLY EXAMINED THE ABOVE NAMED APPLICANT WHO WAS BORN ON THE DATE STATED ABOVE, AND WHO MEETS THE DESCRIPTION GIVEN HEREON, AND THAT SAID PERSON;

IS  IS NOT

IN THEIR OPINION PHYSICALLY FIT TO PERFORM THE WORK OF ANY EMPLOYMENT NOT FORBIDDEN BY LAW TO A PERSON OF THIS AGE AND SEX.

Physician's Signature

Date Signed

NOTE: IF WORK SHOULD BE LIMITED TO A CERTAIN TYPE OF EMPLOYMENT, THE PHYSICIAN MUST MARK THIS FORM ACCORDINGLY IN THE AREA BELOW.

Limited Certificate:  YES  NO

If Marked YES; Employment should be Limited to Work Specified Below:

  
  

LAWS COM 0000 (Replaces OHIO FORM V)



COLUMBUS CITY SCHOOLS

**Dr. Machel R. Kline**  
Chief Accountability Officer  
Department of Accountability  
**Tonya L. Freeman, Director**  
Division of the Registrar  
430 Cleveland Avenue  
Columbus, OH. 43211  
Ph.614.4011 ext. 2339

The Columbus City School District does not discriminate based upon sex race,, color, national origin, religion age, disability, sexual orientation, gender, identity/expression, ancestry, familial status or military status with regard to admission, access, treatment or employment,. This policy is applicable in all district programs and activities