



Mikaelian Education Center  
615 Locust Road; Wilmette, IL 60091  
v 847-256-2450 x 6047 f 847-256-1920  
www.wilmette39.org

## WORK PERMIT Students in Wilmette District 39

All students under the age of 16 are required to obtain a work permit before their first day of work. To obtain a work permit you can go to, the Mikaelian Education Center, 615 Locust Road, or your child’s school to pick up the forms. These forms can also be downloaded from the district website under the Parent drop down. Please complete the following two forms:

- A form to be filled out by your physician
- A form to be filled out by your principal

You must also bring with you the following:

- Birth Certificate (Original and then we make copy)
- Social Security Card (Original and then we make copy)
- Letter of Intent from Employer (From Employer)
- Parental permission note, with current address

When you have all this information together please bring it to 615 Locust Road.

**Central School**  
910 Central Ave  
Wilmette, IL 60091  
v 847-251-3252  
f 847-251-4086

**Harper School**  
1101 Dartmouth  
Wilmette, IL 60091  
v 847-251-6754  
f 847-251-4176

**McKenzie School**  
649 Prairie Ave  
Wilmette, IL 60091  
v 847-251-2295  
f 847-251-4067

**Romona School**  
600 Romona Rd  
Wilmette, IL 60091  
v 847-256-0211  
f 847-251-4153

**Highcrest  
Middle School**  
569 Hunter Rd  
Wilmette, IL 60091  
v 847-853-2900  
f 847-256-0083

**Wilmette Junior  
High School**  
620 Locust Rd  
Wilmette, IL 60091  
v 847-256-7280  
f 847-256-0204

**STATE OF ILLINOIS  
DEPARTMENT OF LABOR  
CERTIFICATE OF PHYSICAL FITNESS  
Required by Section 12 of the Child Labor Law, 820 ILCS 205/1-22**

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_

Sex \_\_\_\_\_ Color of Eyes \_\_\_\_\_ Color of Hair \_\_\_\_\_

Name of Employer \_\_\_\_\_

Address of Employer \_\_\_\_\_

Description of Work Requested \_\_\_\_\_

Remarks: (Physical Fitness for Requested Work) \_\_\_\_\_

\_\_\_\_\_  
Name of Examiner Signature of Examiner Date

IL 452-0099 (6/95)

*This form is furnished by the Department of Labor, or may be reproduced.*

# Principal's Statement to Issuing Officer As Required by Section 12-3 Child Labor Law of Illinois in Effect June 30, 1947

DATE \_\_\_\_\_ NAME OF SCHOOL \_\_\_\_\_

This is to certify that the undersigned has interviewed \_\_\_\_\_ (Name of Minor) residing at \_\_\_\_\_ (Address of Minor) and that said minor requests that an employment certificate be issued permitting employment outside of school hours. The school records disclose that above-named minor was born \_\_\_\_\_ 20, \_\_\_\_\_ and has completed the \_\_\_\_\_ (Last Grade). He or she is in school from \_\_\_\_\_ A.M. to \_\_\_\_\_ P.M. with  $\frac{1}{2}$  hour for lunch. Parents' names are:

\_\_\_\_\_  
(Father)

\_\_\_\_\_  
(Mother)

According to the school records, above-named minor is making satisfactory progress; therefore, I recommend an employment certificate be issued for present employment.

**MINOR. PLEASE NOTE: EMPLOYMENT CERTIFICATES ARE ISSUED BY CITY AND COUNTY SUPERINTENDENTS OF SCHOOLS OR THEIR DULY AUTHORIZED AGENTS IN EACH SCHOOL DISTRICT.**

PRINCIPAL \_\_\_\_\_

By \_\_\_\_\_

**NOTE: THIS IS NOT AN EMPLOYMENT CERTIFICATE BUT SHOULD BE DELIVERED TO THE ISSUING OFFICER WHO WILL ISSUE NECESSARY EMPLOYMENT CERTIFICATE AS REQUIRED BY LAW. THIS FORM MAY BE REPRODUCED BY LOCAL SCHOOL AUTHORITIES AND ADDITIONAL INFORMATION ADDED IF NECESSARY TO MEET LOCAL CONDITIONS.**

**ILLINOIS DEPARTMENT OF LABOR 160 N. LASALLE, STE. C-1300 CHICAGO, IL 60601**

# Parent/Guardian Approval Letter

Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

I hereby give my permission for \_\_\_\_\_ to work  
(Minors Name)

at \_\_\_\_\_.

Parent/Guardian Signature: \_\_\_\_\_