



### Theatrical Work Permit Application

DATE OF APPLICATION \_\_\_\_\_

LEGAL NAME OF MINOR \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

HOME ADDRESS OF MINOR \_\_\_\_\_

CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

FATHER \_\_\_\_\_  
NAME ADDRESS

MOTHER \_\_\_\_\_  
NAME ADDRESS

LAST SCHOOL ATTENDED \_\_\_\_\_

GRADE \_\_\_\_\_ ADDRESS \_\_\_\_\_

NAME OF PRODUCTION \_\_\_\_\_

NUMBER OF PERFORMANCES \_\_\_\_\_ DATES \_\_\_\_\_

TIMES \_\_\_\_\_ LOCATION \_\_\_\_\_

MINOR'S ROLE \_\_\_\_\_ NAME OF COMPANY \_\_\_\_\_

NAME OF MANAGER \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

PERMANENT ADDRESS \_\_\_\_\_

D.C. ADDRESS \_\_\_\_\_

**APPLICATION TO BE SUBMITTED WITH BIRTH CERTIFICATE OR OTHER PROOF OF AGE. PHYSICAL EXAMINATION REQUIRED FOR MINORS UNDER 16 YEARS OF AGE. PLEASE SUBMIT CERTIFICATE OF PHYSICAL FITNESS SIGNED BY A PHYSICIAN.**

SIGNATURE OF COMPANY REPRESENTATIVE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF MINOR \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

**PLEASE FORWARD THE APPLICATION 14 DAYS PRIOR TO THE OPENING DATE TO:**

**OFFICE OF SECONDARY SCHOOLS  
SCHOOL ACADEMIC SCHEDULING & SUPPORT**

[sass.dcps@k12.dc.gov](mailto:sass.dcps@k12.dc.gov)

**(202) 724-4104**



### Certificate of Physical Fitness

**TO BE SUBMITTED WITH THE THEATRICAL WORK PERMIT APPLICATION AND A COPY OF THE MINOR'S BIRTH CERTIFICATE (OR OTHER ACCEPTABLE PROOF OF AGE).**

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TO BE COMPLETED BY PARENT/GUARDIAN/LEGAL CUSTODIAN

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I, the parent, guardian or legal custodian of \_\_\_\_\_ hereby certify that my  
(Minor's Name)  
child has been examined by a physician on \_\_\_\_\_ and was found to be in  
(Date)  
good health and physically able to perform in the capacity of \_\_\_\_\_.  
(Role/Occupation)  
I give permission for him/her to be employed by \_\_\_\_\_.  
(Company Name)

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

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TO BE COMPLETED BY PHYSICIAN

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I hereby certify that the minor listed on this form has been thoroughly examined and:  
\_\_\_\_\_ is physically qualified for the employment specified in the statement of the prospective employer.  
\_\_\_\_\_ is physically qualified for the qualified period of \_\_\_\_\_, after which time a new  
examination is required.  
\_\_\_\_\_ is physically qualified for with the following limitations: \_\_\_\_\_

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

Address of Examiner \_\_\_\_\_

**PLEASE FORWARD THE APPLICATION 10 DAYS PRIOR TO THE OPENING DATE TO:  
OFFICE OF SECONDARY SCHOOLS  
SECONDARY ACADEMIC SCHEDULING & SUPPORT  
[student.affairs@dc.gov](mailto:student.affairs@dc.gov)  
(202) 724-4104**