



DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

APPLICATION NO. _____

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 10 DAYS PRIOR TO THE OPENING DATE TO:

**OFFICE OF THE CHIEF OPERATING OFFICER
ACADEMIC PLANNING & SUPPORT – STUDENT AFFAIRS**

student.affairs@dc.gov

(202) 724-4104