

**Work Permit Intake Form**

**All information must be completed and legible to process.**

**Thank You,**

**The Main Office Staff**

Name: ( as it appears in Aspen)

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Address: ( if changed)

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Age: ( If you are 14 or 15yrs.pld Physician consent and Parent Consent, students may provide most recent physical form on file from SHS Nurse)

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Hair Color:

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Eye Color:

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