

**DISTRICT OF COLUMBIA PUBLIC SCHOOL
DIVISION OF STUDENT SERVICES**

APPLICATION FOR THEATRICAL PERMIT

LEGAL NAME OF MINOR _____

PROFESSIONAL NAME _____

DATE OF BIRTH _____ **PLACE OF BIRTH** _____
***(BIRTH CERTIFICATION MUST BE SUBMITTED WITH APPLICATION)

HOME ADDRESS OF MINOR _____
STREET ADDRESS

CITY/STATE **ZIP CODE**

FATHER _____
NAME **ADDRESS**

MOTHER _____

LAST SCHOOL ATTENDED _____

CITY **STATE**

TUTOR _____
NAME **ADDRESS**

TUTORIAL PROGRAM APPROVED BY _____
AGENCY

MINOR'S CUSTODIAN IN WASHINGTON, DC _____

NAME OF PRODUCTION _____

NAME OF PRODUCTION _____

NUMBER OF PERFORMANCE _____ **DATE OR DATES** _____

LOCATION _____ **TIME** _____

MINOR'S ROLE _____

NAME OF UNDERSTUDY _____ **AGE** _____

NAME OF COMPANY _____

NAME OF MANAGER _____

PERMANENT ADDRESS _____

D.C. ADDRESS _____

D.C. PHONE NUMBER _____