

**TO: MICHON E. PECK
DIRECTOR**

FROM: _____

RE: Certificate of Minor's Physical Fitness

DATE: _____

My son/daughter _____ **has been**

Examined by a physician on _____
(Approximate Date)

good health and physically able to perform in the capacity of _____

_____. **I give my permission for**

him/her to be employed _____
(Name of Company)

Signature of Parent _____

**THIS FORM IS TO BE SUBMITTED WITH THE THEATRICAL APPLICATION
AND MINOR'S BIRTH CERTIFICATE (OR OTHER ACCEPTABLE PROOF OF AGE
TO:**

**Michon E. Peck
Director of Student Affairs
District of Columbia Public Schools
Work Permit Office
Union Square – 825 North Captial Street, N.E.
Room 6060
Washington, DC 20002**