

(School District Letterhead)

CERTIFICATE OF SATISFACTORY ACADEMIC STANDING*

_____ (Full Name of Minor) _____ (Date of Birth)

is a student at _____, and has maintained at least a 2.0 grade point average in the most recent grading period. This certificate enables _____ (Full Name of Minor) to work in excess of thirty (30) hours in any one work week, not to exceed forty (40) hours in any one work week When school is in session, with the executed parent/guardian statement of consent.

Certification Officer: _____

Signature of Officer: _____

Title: _____

School District: _____

School Address: _____

School Phone No. _____

Date: _____

Expiration Date: _____

ATTENTION: This school certification shall be valid for one (1) year unless revoked sooner by the school authority. This certification shall remain at the employer's place of business.

* This is not a required form. It is intended for use as an example only.