

SAMPLE OF SATISFACTORY ACADEMIC STANDING

*PLEASE INSERT SCHOOL LETTERHEAD
WHICH INCLUDES ADDRESS*

CERTIFICATE OF ACADEMIC STANDING

_____, _____ years of age, is a
(minor's name)
student at _____ and maintains a
satisfactory academic standing as determined by the
_____ school/school district. This certificate
enables _____ to work between 10:00 p.m. and
(minor's name)
12:00 a.m. on evenings followed by a school day with the written permission of parent/
guardian.

Certifying Officer: _____

Title: _____

Public School District: _____

School Address: _____

School Phone: _____

Date: _____

Expiration Date: _____