



Office of the Staff Attorney  
**Application for Waiver of Florida Child Labor Law**  
 (This waiver is for minors who are enrolled in public schools)

*Please type or write legibly; do not abbreviate (except "state")*

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ County: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ *Proof of age must be attached*

Parent's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Check and name school that student attends:

Alachua County Public School: \_\_\_\_\_

Alternative Education Program: \_\_\_\_\_

A partial waiver is requested that would allow *(check all that are applicable)*:

Work up to 18 hours a week (14-15 year olds)

Work during regular school hours (16-17 year olds)

Work up to \_\_\_\_\_ hours without a break

Work in a hazardous occupation

Work more than 30 hour a week (16-17 year olds)

Work past 11 p.m. on days preceding school days

Other: Be specific \_\_\_\_\_

A waiver is requested because of *(give detailed reason(s) for request)*:

**Applicable supporting documentation must be submitted with waiver application**

The undersigned certifies that the information presented is true and correct to the best of their knowledge.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Return Completed application to: Alachua County Public Schools  
 Attention: Staff Attorney  
 620 East University Avenue  
 Gainesville, FL 32601

**Application will not be accepted unless proof of age and supporting documentation is attached.  
 Please do not send original documents with application**