Hillcrest High School

Principal: Varun Rule-Pandey **Email: VRulepandey@schools.nyc.gov**
160-05 Highland Avenue, Jamaica, NY 11432
Telephone: (718)658-5407 **Fax (718)739-5137** **www.Hillcrestweb.com**

NEW VISIONS HIGH SCHOOL DISTRICT

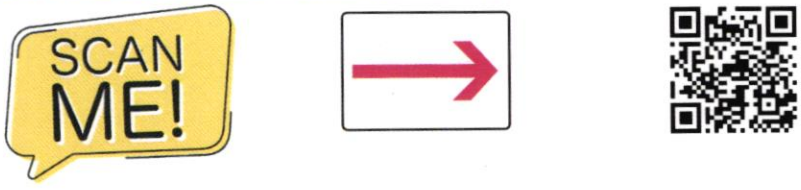
Student Working Papers

Documentos de trabajo del estudiante

Students ages 14+ can apply for working papers. Please see the link below for a guide on how to obtain working papers: *Los estudiantes mayores de 14 años pueden solicitar documentos de trabajo. Consulte el enlace a continuación para obtener una guía sobre cómo obtener documentos de trabajo:*

Check List Before Submitting Document

- ☐ **AT-17 Application for Employment Certificate.** ***(ONLY Part 1)***
  Completó únicamente la Parte 1 del Certificado de Solicitud de Empleo AT-17. (POR FAVOR INGRESE LA INFORMACIÓN DEL ESTUDIANTE. DEBE ESTAR FIRMADO POR EL PADRE/TUTOR)
- ☐ **Student Proof Of Age (EX.BIRTH CERTIFICATE, PASSPORT, STATE ID)**
  *****SCHOOL ID IS NOT AN ACCEPTABLE PROOF OF AGE*****
  Comprobante de edad del estudiante (p. ej., certificado de nacimiento, pasaporte, identificación estatal) **La identificación escolar no es un comprobante de edad válido**
- ☐ **Certificate of Physical Fitness signed and stamped by your doctor.** *(CANNOT BE A NOTE THAT EXCEEDS 1 YEAR SINCE LAST VISIT)*
  Certificado de Aptitud Física firmado y sellado por su médico. (NO PUEDE SER UNA NOTA QUE SUPERE 1 AÑO DESDE LA ÚLTIMA VISITA)
- ☐ **Parent Pick up Consent Form. Must be signed by a parent or guardian.**
- ☐ **A copy of the students and parent/guardian identification**
  (EX. PASSPORT, STATE ID, OR OTHER GOVERNMENT ISSUED ID)
  Una copia de la identificación de los estudiantes y del padre/tutor.
  (EJ. PASAPORTE, IDENTIFICACIÓN ESTATAL U OTRA IDENTIFICACIÓN EMITIDA POR EL GOBIERNO)
- ☐ **Virtual Learning & Media Consent Form**
  (THIS IS GRANTING THE SCHOOLS PERMISSION TO REVIEW REQUIRED DOCUMENTS)
  Formulario de consentimiento para el aprendizaje virtual y los medios (ESTO ES OTORGAR PERMISO A LAS ESCUELAS PARA REVISAR LOS DOCUMENTOS REQUERIDOS)



All supporting applications and documents must be uploaded to google form. Scan this QR Code.
Todas las solicitudes y documentos de respaldo deben cargarse en el formulario de Google. Escanee este código QR.

AT-17
Rev. 5/21

THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
ALBANY, NY 12234

APPLICATION FOR EMPLOYMENT CERTIFICATE

See reverse side of this form for information concerning employment of minors.

Applicant must appear in person before the certifying official.

THIS APPLICATION DOES NOT AUTHORIZE EMPLOYMENT

PART I – Parental Consent – (To be completed by applicant and parent or guardian)

Parent or guardian must appear at the school or issuing center to sign the application for the first certificate for full-time employment, unless the minor is a graduate of a four-year high school and presents evidence thereof. For all other certificates, the parent or guardian must sign the application, but need not appear in person to do so.

Date……

I, …… Age ……
[Applicant]

Home Address ……, apply for a certificate as checked below
[Full Home Address including Zip Code]

☐ Nonfactory Employment Certificate – Valid for lawful employment of a minor 14 or 15 years of age enrolled in day school when attendance is not required.

☐ Student General Employment Certificate – Valid for lawful employment of a minor 16 or 17 years of age enrolled in day school when attendance is not required

☐ Full-Time Employment Certificate – Valid for lawful employment of a minor 16 or 17 years of age who is not attending day school

I hereby consent to the required examination and employment certification as indicated above.

……
[Signature of Parent or Guardian]

PART II – Evidence of Age – (To be completed by issuing official only)

…… – Check evidence of age accepted – Document # (if any) ……
[Date of Birth]

☐ Birth Certificate ☐ State Issued Photo ☐ I.D Driver's License ☐ Schooling Record ☐ Other [Specify]……

PART III – Certificate of Physical Fitness

Applicant shall present documentation of physical exam from a school or private physician, physician's assistant or nurse practitioner authorized to practice within New York State.* Said examination must have been given within 12 months prior to issuance of the employment certificate. Date of physical exam on file with school …… If physical exam is over 12 months, provide student with Certificate of Physical Fitness to be completed by school medical director or private health care provider.

If the physical exam or Certificate of Physical Fitness is limited with regard to allowed work/activity, the issuing official shall issue a Limited Employment Certificate, which will be valid for a period not to exceed 6 months, unless the limitation noted by the physician is permanent, in which case, the certificate will remain valid until the minor changes jobs. Enter the limitation on the employment certificate.

THE PHYSICIAN'S CERTIFICATION SHOULD BE RETURNED TO THE APPLICANT.

***Education Law Article 131, Section 6526* lists exempted physicians authorized to practice in the state without a NYS license. *Education Law Article 139 section 6908(f)* lists exempted persons authorized to practice nursing (inclusive of nurse practitioners) in the state without a NYS license.**

PART IV – Pledge of Employment – (To be completed by prospective employer)

Part IV must be completed only for: (a) a minor with a medical limitation; or (b) for a minor 16 years of age and legally able to withdraw from school, according to Section 3205 of the Education Law, in a city or district which requires minors from sixteen to 17 years of age who are not employed to attend school, and who must show proof of having a job.

The undersigned will employ …… residing at ……
[Applicant]

as …… at ……
[Description of Applicant's Work] [Job Location]

for …… days per week …… hours per day, between …… a.m. and …… p.m.

Starting date ……

…… …… ☐ Factory ☐ Nonfactory
[Name of Firm] [Address of Firm]

…… ……
[Telephone Number] [Signature of Employer]

PART V – Schooling Record – (To be completed by school official)

Part V must be completed only for a minor 16 years of age who is leaving school and resides in a district (New York City and Buffalo) which require a minor 16 years of age to attend school, according to Section 3205 of the Education Law.

I certify that the records of ……
[Name of School] [Address]

Show that …… whose date of birth is ……
[Name of Applicant]

Is in grade…… ……
[Signature of Principal or Designee]

PART VI – Employment Certification – (To be completed by issuing official only)

Certificate Number …… Date Issued……

…… …… ……
[School or Issuing Center] [Address] [Signature of Issuing Officer]

GENERAL INFORMATION

An employment Certificate (Student Nonfactory, Student General, or Full Time) may be used for an unlimited number of successive job placements in lawful employment permitted by the particular type of certificate.

A Nonfactory Employment Certificate is valid for 2 years from the date of issuance or until the student turns 16 years old, with the exception of a Limited Employment Certificate. A Limited Employment Certificate is valid for a maximum of 6 months unless the limitation noted by the physician is permanent, then the certificate will remain valid until the minor changes job. It may be accepted only by the employer indicated on the certificate.

A new Certificate of Physical Fitness is required when applying for a different type of employment certificate, if more than 12 months have elapsed since the previous physical for employment.

An employer shall retain the certificate on file for the duration of the minor's employment. Upon termination of employment, or expiration of the employment certificate's period of validity, the certificate shall be returned to the minor. A certificate may be revoked by school district authorities for cause.

A minor employed as a Newspaper Carrier, Street Trades Worker, Farmworker, or Child Model, must obtain the Special Occupational Permit required.

A minor 14 years of age and over may be employed as a caddy, babysitter, or in casual employment consisting of yard work and household chores when not required to attend school. Employment certification for such employment is not mandatory.

An employer of a minor in an occupation which does not require employment certification should request a Certificate of Age.

PROHIBITED EMPLOYMENT

Minors 14 and 15 years may not be employed in, or in connection with a factory (except in delivery and clerical employment in an enclosed office thereof), or in certain hazardous occupations such as: construction work; helper on a motor vehicle; operation of washing, grinding, cutting, slicing, pressing or mixing machinery in any establishment; painting or exterior cleaning in connection with the maintenance of a building or structure; and others listed in Section 133 of the New York State Labor Law.

Minors 16 and 17 years of age may not be employed in certain hazardous occupations such as: construction worker; helper on a motor vehicle, the operation of various kinds of power-driver machinery; and others listed in Section 133 of the New York State Labor Law.

HOURS OF EMPLOYMENT

Minors may not be employed during the hours they are required to attend school.

Minors 14 and 15 years of age may not be employed in any occupation (except farmwork and delivering, or selling and delivering newspapers):

When school is in session:

- more than 3 hours on any school day, more than 8 hours on a nonschool day, more than 6 days in any week, for a maximum of 18 hours per week, or a maximum of 23 hours per week if enrolled in a supervised work study program approved by the Commissioner.
- after 7 p.m. or before 7 a.m.

When school is not in session:

- more than 8 hours on any day, 6 days in any week, for a maximum of 40 hours per week.
- after 9 p.m. or before 7 a.m.

This certificate is not valid for work associated with newspaper carrier, agriculture or modeling.

Minors 16 and 17 years of age may not be employed: --

When school is in session:

- more than 4 hours on days preceding school days; more than 8 hours on days not preceding school days (Friday, Saturday, Sunday and holidays), 6 days in any week, for a maximum of 28 hours per week.
- between 10 p.m. and 12 midnight <u>on days followed by a school day</u> without written consent of parent of guardian <u>and</u> a certificate of satisfactory academic standing from the minor's school (to be validated at the end of each marking period).
- between 10 p.m. and 12 midnight <u>on days not followed by a school day</u> without written consent of parent or guardian.

When school is not in session:

- more than 8 hours on any day, 6 days in any week, for a maximum of 48 hours per week.

EDUCATION LAW, SECTION 3233

"Any person who knowingly makes a false statement in or in relation to any application made for an employment certificate or permit as to any matter by this chapter to appear in any affidavit, record, transcript, certificate or permit therein provided for, is guilty of a misdemeanor."

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Certification For Physical Fitness (Working Papers)

Certificación de aptitud física (Documentos de trabajo)

Date of Physical: _____
Fecha del examen físico:

Patient's Name: _____
Nombre del paciente:

Date of Birth: _____
Fecha de nacimiento:

To Whom it May Concern:
A quien le interese:

This is to certify that I have examined the above mentioned patient and have found this student to be in good physical conditions and has no restrictions.

Por la presente certifico que he examinado al paciente mencionado anteriormente y he encontrado que este estudiante se encuentra en buenas condiciones físicas y no tiene restricciones.

The student is fit for age appropriate legal employment. If any information is needed, feel free to contact us.

El estudiante es apto para trabajar legalmente según su edad. Si necesita más información, no dude en ponerse en contacto con nosotros.

Physician's Name: _____ Date: _____
Nombre del médico *Fecha*

Physician's LIC# _____ Physician/ Clinic Stamp:
Número de licencia del médico *Sello del médico/clínica:*

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Parent Pick up Consent Form

Date: _____
Fecha

I, The parent / Guardians of _____
Yo, el padre / tutores de Student's Names *Nombres de los estudiantes*

Give permission for my student to pick up a working certificate without my presence. *Doy permiso para que mi estudiante recoja un certificado de trabajo sin mi presencia.*

Parent Signature: _____
Firma del padre

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NEW VISIONS HIGH SCHOOL DISTRICT

Dear Parent/ Guardian,

Our school is planning to offer virtual/blended courses in the upcoming term. We are writing to share more information about these opportunities and ask if you agree to have your student participate. Detailed information about the virtual/blended courses offered to your student is provided below.

How is virtual/blended learning different from traditional courses? In virtual/blended learning, teachers and students interact through technology for some or all of the time. Virtual learning is when all instruction for a course takes place through internet-connected devices within the school building or outside of the school building. Blended learning is when instruction for a course sometimes takes place in person and sometimes through internet-connected devices. Either way, your student will receive instruction and support from a certified teacher.

All students that opt in to take these classes are required to have internet and working devices at home such as an iPad or laptop.

Does my student have to participate in virtual/blended learning?
No. Students are not required to participate in virtual/blended learning if you do not want them to. If you do not wish to have your student enrolled in a virtual/blended course, they will be provided a full in-person program held in a traditional classroom setting.

When making your decision, discuss this opportunity with your student and consider your student's previous experience with virtual learning, their preferred type of learning environment, and your family's schedule. You should also consider how the course(s) can support your student's college and career goals. If you choose to have your student participate in virtual/blended learning and realize it is not the learning environment that best fits your student after the course has started, reach out to us to discuss what other options might be available.

If you have further questions before making your decision, please contact your child's School Counselor as soon as possible so as not to delay finalizing your student's schedule for the upcoming term.

Sincerely,
Mr. Varun Rule- Pandey
Principal

Please indicate your decision below and return to the school by June 3rd, 2024.
Please indicate whether you agree to have your student participate in the virtual/blended course(s) described above. If you do not agree to have your student take the virtual/blended course(s), they will be given a full, in person program.

☐ I agree to have my student participate in virtual/blended courses
☐ I do not agree to have my student participate virtual/blended courses

Parent/Guardian's name: _____

Parent/Guardian's signature: _____

Student's name: _____

Student ID number: _____

Important: Please have someone translate this for you.
Importante: Por favor, pida a alguien que traduzca esto para usted.

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NEW VISIONS HIGH SCHOOL DISTRICT

NYC Department of Education

Media Consent for NYC Department of Education Use

Student Name: _____

Student ID: _____

School: Hillcrest High School

Date: _____

I consent to the use and disclosure of the image, quotes, name, the participation in interviews, and the taking of photographs, recordings, and videos of the Student named above by the New York City Department of Education (NYC DOE) and NYC DOE-invited members of the press for NYC DOE-sponsored events. I grant the NYC DOE and invited members of the press the right to disclose, edit, use, and reuse the Student's image, quotes, name, and interviews, and photographs, recordings, and videos of the Student for the NYC DOE's nonprofit and public press purposes. This includes use in print, on broadcasts, in online spaces (such as the NYC DOE website and social media accounts and those of the press), and all other forms of media. I understand that when the school hosts a public event, individuals at the event may take their own photographs, videos and audio of the event, that such recordings may capture me or my child, and that they may also be made public.

I also release the NYC DOE, its agents, and employees from all claims, demands, and liabilities in connection with the rights granted above.

If Student is Under Age 18:

Name of Parent / Guardian: _____

Signature of Parent / Guardian: _____

If Student is Age 18 of Over:

Name of Student _____

Signature of Student: _____

For students age 18 and over, the form must be signed by the student, and not the parent or guardian.

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Importante: Por favor, pida a alguien que traduzca esto para usted.