



AVALON STONE HARBOR SCHOOLS

Stacey LaRocca Tracy
Chief School Administrator

Renee Murtaugh
Supervisor of Curriculum & Instruction

Linda Fiori
Business Administrator

Procedures for 2020 Working Papers Signed

The Governor has issued an order that working papers may be issued virtually this year. This document explains how to complete working papers for 2020.

Attached is Form 300 – the Working Paper. Or you can download the working paper from the NJ Dept. of Labor’s website. Go to NJ Dept. of Labor and Workforce Development/Wage and Hour Compliance/Worker Protections/Forms/Employment of Minor/Form 300 Combined Certificate - You need “Form 300 Combined Certificate”.

Complete all sections of the working paper completely. All requested information **must** be provided. Make sure all signatures are made on the paper. If this is for a summer job, the student’s school does not need to complete Section E. That is for employment during the school year. The minor’s SS# is often overlooked, but required.

Have your child’s doctor sign off that the child is able to work. If there are any restrictions, those must appear on the paper or be included in an attachment stating what the restrictions are.

Email a copy of the minor’s birth certificate, passport or baptismal certificate to (Avalon School) bradley@avesnj.org or (Stone Harbor School) lisi@shesnj.org
If your child had working papers in the past, please let us know and we will check the file for that documentation.

Take a picture of the minor signing his/her name in Section F. Sign above the line that says “Signature of Minor” and date the paper.

When all sections are complete, email the working paper and any attachments to (Avalon School) bradley@avesnj.org or (Stone Harbor School) lisi@shesnj.org

After the paperwork has been reviewed, we will sign it and email it back to you. The student must print the document and take it to his/her employer along with the working paper that contains the original signatures. We will send the employer the document with our original signature.

This is a new way of doing things for us all, a casualty of COVID-19. We hope it works for everyone.

Grade K-4 275 93rd Street Stone Harbor, NJ 08247
Grades 5-8 235 32nd Street Avalon NJ, 08202

P: 609-368-4413 F: 609-368-6545
P: 609-967-7544 F: 609-967-3109



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In summary, documents you will need to email to one of the schools at the email address above are:

Form 300 with all the sections fully completed including signatures

Signatures required are those of the parent/guardian, employer's signature, doctor's signature, minor student's signature

Documentation of minor's date of birth – birth certificate, passport or baptismal certificate (Driver's license not accepted by the state. Most student ID's do not show the student's birth date, so cannot be used.)

Proof of medical clearance, either on form or via attachment from doctor's office

Picture of student signing the Form 300

A current email address and phone number at which we may reach the applicant or parent.

You may fax these items to the Stone Harbor of Avalon School, but email is usually more secure.

Avalon School's fax – 609-967-3109

Stone Harbor School fax – 609-368-6545

We are required to send a copy of the completed working paper to the State of New Jersey. One copy will be filed at the school and may be used for documentation in future years, eliminating the need to resend proof of the student's date of birth next year.

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A300 Combined Certification Form

Date(s) of previously issued certificates (if applicable): _____

Cooperative Education Experience (CEE) - Hazardous Occupation

CEE - Non-Hazardous Occupation

Paid Structured Learning Experience

A. Minor's Personal Information						
First Name	M.I.	Last Name	Social Security No.			
Street Address (Line 1)		Floor/Apt. No. (Line 2)	Date of Birth Age City of Birth			
City		State Zip Code	County of Birth State/Country of Birth			
Telephone No.		Cell/Alternate No.	<input type="checkbox"/> Male Height _____ Hair Color _____ <input type="checkbox"/> Female Weight _____ Eye Color _____			
Parent/Guardian First Name		Parent/Guardian Last Name	Distinguishing Facial Marks (if applicable)			
Parent/Guardian Address (if different than minor's address)		Floor/Apt. No. (Line 2)	I hereby authorize the employment of my child as specified below under Employment Information.			
City		State Zip Code				
Parent/Guardian Telephone No.		Alternate Telephone No.				
			_____ <i>Signature of Parent/Guardian</i> <i>Date</i>			
B. Employment Information						
Employer Business Name		Type of Business/Industry				
Street Address (where minor will be employed)		Floor/Suite (Line 2)	Minor's Job Title (Be specific)			
City		State Zip Code	Is liquor sold on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, are the entire premises licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, describe what areas of the premises are licensed, including any outside grounds: _____			
Contact Person Name						
Telephone No.		Alternate Telephone No.				
Minor's Hours of Work (Provide daily hours and/or start and end times)		Promise of Employment: I have offered employment to the above named minor for the hours stated. I understand that these hours may be flexible but may not exceed the number of hours permitted by law according to the age of the minor.				
Mon _____	Tues _____			Wed _____	Thurs _____	Fri _____
Sat _____				Sun _____		Total Hours for Week: _____
Wages: Per Hour _____		Weekly _____	Other _____			
		_____ <i>Signature of Employer</i> <i>Date</i>				
C. Physician's Certification (to be completed by licensed physician):						
I hereby certify that I have examined the above named minor on _____ and I designate the minor's physical qualifications regarding the above promise of employment as: _____ (Date)						
<input type="checkbox"/> Physically Qualified <input type="checkbox"/> Physically Qualified with the following limitations _____						
Signature of Doctor		Date	Address			
D. Proof of Age (for Issuing Officer):						
I have examined the proof of age submitted by the above named minor which was in the form of (select one):						
<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Baptismal Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Other documentary proof in existence for at least one year (specify): _____						
<input type="checkbox"/> Affidavit of Parent/Guardian together with 1) physician's statement of opinion as to age of minor, and 2) school record of age and the above date of birth						
E. School Record (to be completed by school that the minor attends)		F. Issuing Officer Certification				
School District County		School District County				
Name of School		School District Address				
School Address		Telephone No.				
Last Grade Completed _____		<input type="checkbox"/> Regular Employment Certificate <input type="checkbox"/> Vacation Employment Certificate (summer & other school vacations) <input type="checkbox"/> Age Certificate (issued to persons 18 to 21 years of age) Age: _____				
The above named minor attends school in this district and has completed the work of the above grade. To the best of my knowledge the minor can do the work proposed without impairment of progress in school.		_____ <i>Signature of Minor</i> <i>Date</i>				
Signature of Principal Date						
				_____ <i>Signature of Issuing Officer</i> Date of Issue Certificate No.		