

AFFIDAVIT OF THE SUPERVISOR OF A HOME EDUCATION PROGRAM

Secondary - School Age Student

To the superintendent of the _____ School District.
(name of student's school district of residence)

1. I attest that I _____ am the parent, guardian, or legal
(name of supervisor)

custodian of _____, age _____,
(student's full name) (student's age at date of signing)

that I am the supervisor of the home education program and am responsible for the provision of instruction in the home education program, and that I have earned a high school diploma or its equivalent.

The program will be conducted at _____

(address)

The phone number at this site is _____
(phone number)

2. I attest that the home education program will be in compliance with Section 13-1327.1 of Pennsylvania Statutes Annotated.
3. I attest that the subjects listed in paragraph four below will be offered in the English language for a minimum of 180 days of instruction or a minimum of 990 hours.
4. I attest that the following courses shall be taught at the secondary school level: English, to include language, literature, speech and composition; science; geography; social studies, to include civics, world history, history of the United States and Pennsylvania; mathematics, to include general mathematics, algebra and geometry; art; music; physical education; health; and safety education, including regular and continuous instruction in the dangers and prevention of fires. Such courses of study may include, at the discretion of the supervisor of the home education program, economics; biology; chemistry; foreign languages; trigonometry; or other age-appropriate courses as contained in 22 Pa. Code Chapter 4 (Academic Standards and Assessment).
5. I attest that the education objectives in the home education program are by subject area **as attached** to this affidavit (attach objectives).
6. I attest that _____ has been immunized against
(student's full name)

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the following diseases, and I have **attached evidence** thereof or I have **attached a letter** stating that said student has a medical or religious exemption pursuant to Section 13-1303a(c) and (d) of Pennsylvania Statutes Annotated:

a. Diphtheria; b. Tetanus; c. Pertussis; d. Poliomyelitis; e. Measles (Rubeola); f. German Measles (Rubella); g. Mumps; h. Hepatitis B; and i. Chickenpox (varicella) or evidence of immunity.

For entry into grade 7, I have received the following immunizations: (1) meningococcal conjugate vaccine (MCV) and (2) tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap). For entry into grade 12 (if applicable), I have received the following immunization: meningococcal conjugate vaccine (MCV) (if the child has not received a previous dose on or after the child's 16th birthday).

7. I attest that _____ has received the health and
(student's full name)
medical services required by Article XIV of the Public School Code, and I have **attached evidence** thereof or I have **attached a letter** stating that said student has a religious exemption under Section 14-1419 of Pennsylvania Statutes Annotated.

Article XIV requires that every child of school age be given by methods established by the state's Advisory Health Board, an annual vision test and measurement of height and weight, tests for tuberculosis under medical supervision at when beginning school and 9th grade, and other tests required by the Advisory Health Board. Children when beginning school and in the 6th and 11th grades must have a medical examination and comprehensive appraisal of health by a physician and a hearing test is required when the child begins school and at 2nd, 3rd, 7th and 11th grade levels. Children when beginning school and in the 3rd and 7th grades must have a dental examination by a dentist. A comprehensive health record shall be maintained for each child.

8. I attest that no adult living in the home, including the undersigned supervisor, and no person having legal custody of _____ has been
(student's full name)
convicted within five years of today's date of any of the following offenses under Section 111 of the Pennsylvania Consolidated Statutes.

- (1) An offense under one or more of the following provisions of Title 18 of the Pennsylvania Consolidated Statutes:

Chapter 25 (relating to criminal homicide).
Section 2702 (relating to aggravated assault).
Section 2709.1 (relating to stalking).
Section 2901 (relating to kidnapping).
Section 2902 (relating to unlawful restraint).
Section 2910 (relating to luring a child into a motor vehicle or structure).
Section 3121 (relating to rape).
Section 3122.1 (relating to statutory sexual assault).

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Section 3123 (relating to involuntary deviate sexual intercourse).
Section 3124.1 (relating to sexual assault).
Section 3124.2 (relating to institutional sexual assault).
Section 3125 (relating to aggravated indecent assault).
Section 3126 (relating to indecent assault).
Section 3127 (relating to indecent exposure).
Section 3129 (relating to sexual intercourse with animal).
Section 4302 (relating to incest).
Section 4303 (relating to concealing death of child).
Section 4304 (relating to endangering welfare of children).
Section 4305 (relating to dealing in infant children).
A felony offense under section 5902(b) (relating to prostitution and related offenses).
Section 5903(c) or (d) (relating to obscene and other sexual materials and performances).
Section 6301(a)(1) (relating to corruption of minors).
Section 6312 (relating to sexual abuse of children).
Section 6318 (relating to unlawful contact with minor).
Section 6319 (relating to solicitation of minors to traffic drugs).
Section 6320 (relating to sexual exploitation of children).

- (2) An offense designated as a felony under the act of April 14, 1972 (P.L. 233, No. 64), known as
“The Controlled Substance, Drug, Device and Cosmetic Act.”
(3) An out-of-State or Federal offense similar in nature to those crimes listed in clauses (1) and (2).

Signed and Notarized

(Supervisor’s Signature)

(Date)

Attachments: (1) Education objectives by subject matter, (2) Evidence of immunization or letter of medical/religious exemption, (3) Evidence of Health and Medical Services or letter of religious exemption.

For Notary Public Only:

Stamp:

State of _____

County of _____

Signed and sworn to (or affirmed) before me on _____ by _____
(date) (name(s) of individual(s) making statement)

(Signature of notarial officer)

(Title of office)

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My commission expires: _____