July 2023

RE: Homeschooling Approval Procedure for 2023-2024 School Year

To enroll into the homeschooling program in Eastern Lancaster County School District for the 2023-2024 school year, you must provide the following for District approval:

PRIOR TO THE START OF THE 2023-2024 SCHOOL YEAR OR BEFORE YOU BEGIN
YOUR HOMESCHOOL PROGRAM:

A child’s parent or guardian must complete and file a notarized affidavit with the Assistant Superintendent’s Office no later than August 1st. A copy of the district’s affidavit is enclosed with this letter for your convenience.

The following attachments must be included with the affidavit when filed with the Assistant Superintendent’s office:
• Educational objectives for each subject for each child. (An outline of proposed education objectives by subject area)
• Evidence of current and up-to-date immunizations or religious exemption documentation.
• If child is entering 6th or 11th Grade, evidence of up-to-date Health/Medical Services or religious exemption documentation must be submitted.
• If child is entering 3rd or 7th Grade, evidence of up-to-date Dental Services or religious exemption documentation must be submitted.
• Evidence that the supervisor possesses a high school diploma or equivalent must be submitted, if not previously provided.

It is required that children with a disability involved in home schooling have the proposed program reviewed and approved by a clinical psychologist or a certified special education teacher. Approval of program should be provided with the affidavit.

If your child is entering 3rd, 5th, or 8th grade, your child must take an approved achievement test administered by an appropriate evaluator. This achievement test can be the PSSA or PASA, which are state assessments given through the school district. If you would like your child to take the PSSA or PASA, please let the district know this when you send in your beginning of year paperwork and we will be in touch with you.

Once we have all the required documentation noted above, you will receive a letter verifying your program has been approved by the school district.
END OF THE 2023-2024 SCHOOL YEAR:

Throughout the school year, the supervisor must maintain a portfolio of student work. The portfolio shall be evaluated at the end of each year by a clinical or school psychologist or appropriately certified teacher, i.e. a teacher holding a PA Teacher Certification in the appropriate subject areas. The evaluator’s written evaluation should be based on a review of the portfolio and interview of the child, and any achievement results (If a student is enrolled in 3rd, 5th and/or 8th Grade you must have results of an approved achievement test administered by an appropriate evaluator which should be included in your evaluation). The evaluator shall certify whether or not an appropriate education has occurred. The written evaluation and, if not previously provided, evidence of evaluator certification, should be submitted to the office of the Assistant Superintendent by June 30th.

Once the District has all the required documentation noted above, you will receive a letter from the District verifying the submission of each child’s evaluation.

Additional information regarding Eastern Lancaster County School District’s homeschooling procedure and forms can be found on the District website www.elanco.org/homeschool/. If you have any questions or need further assistance, please feel free to contact my office at 717-354-1514 or homeschool@elanco.org.

Sincerely,

Nadine A. Larkin, Ed.D.
Assistant Superintendent
Eastern Lancaster County School District

Enclosures

REMINDER: Evaluations for the 2022-2023 school year are due by June 30, 2023.

Please note, Act 16 of 2019, which was signed in June of 2019 made a significant change in the Public School Code regarding compulsory school age of children. All children from the age of six (6) through the age of eighteen (18) must comply with compulsory school attendance requirements. To meet these requirements, parents must ensure that their child between the ages of 6 and 18 is attending or participating in one of the following: a public elementary, middle, or high school; a public charter or cyber-charter school; a private licensed academic or private religious school; home tutoring by a certified teacher; or an approved program of home schooling.
Home Education Program Requirements Checklist

**HOME SCHOOL APPROVAL PROCEDURE**

- **Home School Affidavit** A child’s parent or guardian must complete and file a notarized affidavit with the District Office by August 1st. *A separate affidavit should be filed for each child participating in home school instruction.* Affidavits are available for pickup at the District Office or can be downloaded from the District website, www.elanco.org.

**EVIDENCE TO BE SUBMITTED ALONG WITH YOUR AFFIDAVIT:**

- **Educational objectives** for each subject for each student.
- **Immunizations** *(See back)* current and up-to-date or religious exemption documentation. *(Must be Submitted Each Year & Must be submitted separately from Health/Medical Services & Dental Services Exemption)*

- **High School Diploma** or equivalent of Supervisor, if not previously provided.

**TO BE SUBMITTED ALONG WITH YOUR AFFIDAVIT BASED ON SPECIAL CIRCUMSTANCES**

- **Health/Medical Services** or religious exemption documentation upon entering home school program and Grades 6 & 11.
- **Dental Services** or religious exemption documentation upon entering home school program and Grades 3 & 7.
- **Special Education Program** approval is required if a child with a disability involved in homeschooling. The approval must be reviewed and approved by a clinical psychologist or a certified special education teacher.

**End of the School Year Submission:**

- **End of the Year Evaluation** by a clinical or school psychologist or appropriately certified teacher *(Teacher holds PA Teacher Certification in the appropriate subject areas)*. The evaluator’s written evaluation based on a review of the portfolio and interview of the child and any achievement tests shall certify whether or not an appropriate education is occurring. The written evaluation and, if not previously provided, evidence of evaluator certification, should be submitted to the District by June 30th.

**DUE DATES:**

- **August 1st** – Notarized affidavit with appropriate paperwork.
- **September 30th** – Request for participation in PSSA testing through the school district.
- **June 30** – Evaluation of portfolio from licensed or certified evaluator with achievement test results, if required.

**CONTACT INFORMATION:**

Assistant Superintendent’s Office
(717) 354-1514 or homeschool@elanco.org

Updated 5.9.2018
SCHOOL VACCINATION REQUIREMENTS
FOR ATTENDANCE IN PENNSYLVANIA SCHOOLS

FOR ATTENDANCE IN ALL GRADES CHILDREN NEED THE FOLLOWING:

- 4 doses of tetanus, diphtheria, and acellular pertussis* (1 dose on or after the 4th birthday)
- 4 doses of polio (4th dose on or after 4th birthday and at least 6 months after previous dose given)**
- 2 doses of measles, mumps, rubella***
- 3 doses of hepatitis B
- 2 doses of varicella (chickenpox) or evidence of immunity

* Usually given as DTP or DTaP or if medically advisable, DT or Td
** A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose.
*** Usually given as MMR

ON THE FIRST DAY OF SCHOOL, unless the child has a medical or religious/philosophical exemption, a child must have had at least one dose of the above vaccinations or risk exclusion.

- If a child does not have all the doses listed above, needs additional doses, and the next dose is medically appropriate, the child must receive that dose within the first five days of school or risk exclusion. If the next dose is not the final dose of the series, the child must also provide a medical plan (red and white card) within the first five days of school for obtaining the required immunizations or risk exclusion.

- If a child does not have all the doses listed above, needs additional doses, and the next dose is not medically appropriate, the child must provide a medical plan (red and white card) within the first five days of school for obtaining the required immunizations or risk exclusion.

- The medical plan must be followed or risk exclusion.

FOR ATTENDANCE IN 7TH GRADE:

- 1 dose of tetanus, diphtheria, acellular pertussis (Td) on the first day of 7th grade.
- 1 dose of meningococcal conjugate vaccine (MCV) on the first day of 7th grade.

ON THE FIRST DAY OF 7TH GRADE, unless the child has a medical or religious/philosophical exemption, a child must have had the above vaccines or risk exclusion.

FOR ATTENDANCE IN 12TH GRADE:

- 1 dose of MCV on the first day of 12th grade. If one dose was given at 16 years of age or older, that shall count as the twelfth grade dose.

ON THE FIRST DAY OF 12TH GRADE, unless the child has a medical or religious/philosophical exemption, a child must have had the above vaccines or risk exclusion.

These requirements allow for the following exemptions: medical reason, religious belief, or philosophical/strong moral or ethical conviction. Even if your child is exempt from immunizations, he or she may be excluded from school during an outbreak of vaccine preventable disease.

Pennsylvania’s school immunization requirements can be found in 28 Pa.CODE CH. 23 (School Immunization). Contact your healthcare provider or call 1-877-PA-HEALTH for more information.
EASTERN LANCASTER COUNTY SCHOOL DISTRICT

AFFIDAVIT OF THE SUPERVISOR OF A HOME EDUCATION PROGRAM

Elementary – School Age Student

To the Assistant Superintendent of the Eastern Lancaster County School District.

1. I attest that I __________________________ am the parent, guardian or legal custodian of

(name of supervisor)

, Grade _____ Birth Date __________, that I am the

(name of student)

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)

(phone number) , Student previously enrolled at ____________________________

(name of school)

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 900 hours.

4. I attest that the following courses shall be taught at the elementary level: English, to include spelling,

reading, and writing; arithmetic; science; geography; history of the United States and Pennsylvania; civics;

safety education, including regular and continuous instruction in the dangers and prevention of fires,

health and physiology; physical education; music; and art.

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 the following diseases

(name of student)

and I have attached evidence thereof or said student has a medical or religious exemption pursuant to

Section 1303(c) and (d) of Pennsylvania Statutes Annotated:

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

c. Listed online at http://www.portal.state.pa.us/portal/server.pt?open=514&objID=557995&mode=2

7. I attest that ___________________________ has received the health and medical services

(name of student)

required by Article XIV of the Public School Code, and I have attached evidence thereof or has a

religious exemption under Section 14-1419 of Pennsylvania Statutes Annotated.

2/27/2014 This affidavit is not exclusive and the use of another form is also permissible as long as all required information is provided.
Elementary continued

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, 6th 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 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)
   - 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 a 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, Devisce and Cosmetic Act.”

(3) An out-of-state or federal offense similar in nature to those crimes listed in clauses (1) and (2).

(Supervisor sign in presence of Notary)

Sworn to and Subscribed before me this _____ day of ________, 20__

My commission expires ________________.

Attachments:

Education objectives by subject matter, Evidence of immunization (initial entrance), Evidence of Health & Medical Services (initial entrance, Grades 6 & 11; Dentals – initial entrance, Grades 3 & 7)

2/27/2014 This affidavit is not exclusive and the use of another form is also permissible as long as all required information is provided.
EASTERN LANCASTER COUNTY SCHOOL DISTRICT

AFFIDAVIT OF THE SUPERVISOR OF A HOME EDUCATION PROGRAM

Secondary – School Age Student

To the Assistant Superintendent of the Eastern Lancaster County School District.

1. I attest that I ___________________________ am the parent, guardian or legal custodian of

   ___________________________ , Grade _____ Birth Date ____________, 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 ____________________________

   ___________________________ , Student previously enrolled at ____________________________

   ___________________________. (phone number)

   ___________________________. (address)

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 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 Chapter 5 (curriculum Requirements) of the
   State Board of Education. [PDE note: Chapter 5 has been repealed and replaced with Chapter 4.]

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 the following diseases

   ___________________________. and I have attached evidence thereof or said student has a medical or religious exemption pursuant to
   Section 1303(c) and (d) of Pennsylvania Statutes Annotated:

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

   And in grade 7: meningococcal conjugate vaccine (MCV) and diphtheria, acellular pertussis (Tdap) (if five
   years have elapsed since last tetanus immunization)

   (Listed online at http://www.portal.state.pa.us/portal/server.pt?open=514&objID=557995&mode=2)

2/27/2014
7. I attest that __________________ has received the health and medical services required by Article XIV of the Public School Code, and I have attached evidence thereof or 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 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 PA Consolidated Statutes:

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Section</th>
<th>Title</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>25</td>
<td>2702</td>
<td>relating to criminal homicide</td>
<td>Section 4302 (relating to incest)</td>
</tr>
<tr>
<td>25</td>
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</tr>
<tr>
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</tr>
<tr>
<td>25</td>
<td>2910</td>
<td>relating to luring a child into a motor vehicle or structure</td>
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</tr>
<tr>
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(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, Devise 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

[Signature]

(Supervisor sign in presence of Notary)

Sworn to and Subscribed before me this ______ day of ____________, 20___

My commission expires _____________________

Attachments:

Education objectives by subject matter
Evidence of immunization (initial entrance)
Evidence of Health and Medical Services (initial entrance, Grades 6 and 11: Dental - initial entrance, Grades 3 and 7)

This affidavit is not exclusive and the use of another form is also permissible as long as all required information is provided.

2/27/2014
Dear Parent or Guardian:

The School Health Law requires dental examinations for children upon initial entry (K or 1) and in grades 3 and 7. These grades were selected because they represent critical periods of growth and development in a child’s life.

We are recommending that these examinations be done by your family dentist, since he can best evaluate your child’s dental health and assist you in obtaining necessary treatment and corrections.

It is important that the school have a record of a child’s health status. This knowledge enables the school staff to help children achieve maximum benefits of their educational opportunities.

We are sending this form to you early so that you may have an opportunity to have the examination completed by the time the school dental examinations are given. Please have it filled out as completely as possible and return to your school nurse on or before the first day of school this September.

Sincerely,
Beth Fulmer, R.N.
Jacqueline Hollinger, R.N.
Karissa Davis R.N.
Joy Hoover, R.N.
Maevc Beebe, R.N.

---Detach and Return---

EASTERN LANCASTER COUNTY SCHOOL DISTRICT
PO Box 609, New Holland, PA 17557

FAMILY DENTIST REPORT

NAME OF CHILD: __________ SCHOOL: __________
DATE OF BIRTH: __________ SEX: Male ☐ Female ☐ GRADE: _____ HR: _______

The above named child last visited my office on ______________ (give date).

At that time, all necessary dental corrections had been made. Yes ☐ No ☐

This child is currently under treatment: Yes ☐ No ☐

Check the appropriate box/boxes:

☐ Fillings of Primary Teeth ☐ Fillings of Permanent Teeth
☐ Examinations of Primary Teeth ☐ Examinations of Permanent Teeth
☐ Diseases of the Supporting Tissues ☐ Gross Malocclusion which is Producing a Facial Deformity or is Interfering with Function
☐ Cleft Palate and/or Cleft Lip ☐ Other Congenital Malformation
☐ Prosthetic Replacements for Lost or Missing Teeth

Signature: __________________________ D.D.S./D.M.D.
Printed Name: ______________________
Phone: ____________________________

Address or Stamp with Address:

669 East Main Street, P.O. Box 609, New Holland, PA 17557-0609
District Office: (717) 354-1500 · FAX: (717) 354-1512
Equal Opportunity Employer
Complete page one of this form **before** student's exam. Take completed form to appointment.

Private or School
PHYSICAL EXAMINATION
OF SCHOOL AGE STUDENT

Student's name ____________________________

Date of birth ____________________________ Age at time of exam ____________________________ Gender: [ ] Male [ ] Female

Medicines and Allergies: Please list all prescription and over-the-counter medicines and supplements (herbal/nutritional) the student is currently taking:

[ ] No [ ] Yes (If yes, list specific allergy and reaction)

Does the student have any allergies? [ ] No [ ] Yes

[ ] Medicines [ ] Pollen [ ] Food [ ] Stinging Insects

Complete the following section with a check mark in the YES or NO column; circle questions you do not know the answer to.

GENERAL HEALTH: Has the student...

1. Any ongoing medical conditions? If so, please identify: [ ] Asthma [ ] Anemia [ ] Diabetes [ ] Infection

[ ] Other ____________________________

2. Ever traveled more than one night in the hospital? [ ] Yes [ ] No

3. Ever had surgery? [ ] Yes [ ] No

4. Ever had a seizure? [ ] Yes [ ] No

5. Had a history of being born without or is missing a kidney, an eye, a testicle (male), spleen, or any other organ? [ ] Yes [ ] No

6. Ever become ill while exercising in the heat? [ ] Yes [ ] No

7. Had frequent muscle aches when exercising? [ ] Yes [ ] No

HEAD/NECK/SPINE: Has the student...

[ ] Yes [ ] No

8. Had headaches with exercises? [ ] Yes [ ] No

9. Ever had a head injury or concussion? [ ] Yes [ ] No

10. Ever had a fall or blow to the head that caused confusion, prolonged headache, or memory problems? [ ] Yes [ ] No

11. Ever had numbness, tingling, or weakness in hands or legs after being hit or falling? [ ] Yes [ ] No

12. Ever been unable to move arms or legs after being hit or falling? [ ] Yes [ ] No

13. Noticed or told doctor has a curved spine or scoliosis? [ ] Yes [ ] No

14. Had any problem with vision other than a patch or had a history of an eye injury? [ ] Yes [ ] No

15. Been prescribed glasses or contact lenses? [ ] Yes [ ] No

HEART/NEONATAL: Has the student...

[ ] Yes [ ] No

16. Ever used an inhaler or taken asthma medicine? [ ] Yes [ ] No

17. Ever had the doctor say the heart has a heart problem? If so, check all that apply: [ ] Heart murmur [ ] Heart defects [ ] High blood pressure [ ] High cholesterol [ ] Other ____________________________

18. Given to the doctor to have a heart test? (For example, ECG/EKG, echocardiogram?) [ ] Yes [ ] No

19. Had a cough, wheeze, difficulty breathing, shortness of breath or felt light-headed during or after exercise? [ ] Yes [ ] No

20. Had discomfort, pain, tightness or chest pressure during exercise? [ ] Yes [ ] No

21. Frosty heart rate or skip beats during exercise? [ ] Yes [ ] No

BONE/Joint: Has the student...

[ ] Yes [ ] No

22. Had a broken or fractured bone, stress fracture, or dislocated joint? [ ] Yes [ ] No

23. Had an injury to a muscle, ligament, or tendon? [ ] Yes [ ] No

24. Had an injury that included a brace, cast, crutches, or splints? [ ] Yes [ ] No

25. Needed an X-ray, MRI, CT scan, injection, or physical therapy following an injury? [ ] Yes [ ] No

26. Has joint that becomes painful, swollen, red, warm, or looks red? [ ] Yes [ ] No

SKIN: Has the student...

[ ] Yes [ ] No

27. Had any rashes, pressure sores, or other skin problems? [ ] Yes [ ] No

28. Ever had herpes or an MRSA skin infection? [ ] Yes [ ] No

DENT/MOUTH: Has the student...

[ ] Yes [ ] No

29. Had gum pain or a painful tongue or gum in the oral area? [ ] Yes [ ] No

30. Had a history of urinary tract infections or bedwetting? [ ] Yes [ ] No

31. FEMALES ONLY: Has a menstrual period? [ ] Yes [ ] No

[ ] If so, what age was her first menstrual period? ____________________________

[ ] How many periods has she had in the last 12 months? ____________________________

[ ] Date of last period: ____________________________

DENTAL: Has the student...

[ ] Yes [ ] No

32. Had the student had any pain or problems with their teeth or gums? [ ] Yes [ ] No

33. Name of student's dentist:

[ ] Last dental visit: [ ] less than 1 year [ ] 1-2 years [ ] greater than 2 years

SOCIAL/LEARNING: Has the student...

[ ] Yes [ ] No

34. Been told he/she has a learning disability, intellectual or developmental disability, cognitive delay, ADD/ADHD, etc.? [ ] Yes [ ] No

35. Been bullied or experienced bullying behavior? [ ] Yes [ ] No

36. Experienced major grief, trauma, or other significant life event? [ ] Yes [ ] No

37. Exhibited significant changes in behavior, social relationships, grades, eating or sleeping habits, withdrawn from family or friends? [ ] Yes [ ] No

38. Been worried, sad, upset, or angry much of the time? [ ] Yes [ ] No

39. Showed a general loss of energy, motivation, interest or enthusiasm? [ ] Yes [ ] No

40. Had concerns about weight, being tried to gain or lose weight or received a recommendation to gain or lose weight? [ ] Yes [ ] No

41. Used (or currently use) tobacco, alcohol, or drugs? [ ] Yes [ ] No

FAMILY HEALTH:

42. Is there a family history of the following? If so, check all that apply:

[ ] Asthma/allergic disorders: [ ] Food allergy[ ] Hay fever[ ] Other: ____________________________

[ ] Diabetes: [ ] Type I diabetes[ ] Type II diabetes[ ] Other: ____________________________

43. Is there a family history of any of the following heart-related problems? If so, check all that apply:

[ ] Congenital syndrome: [ ] Down syndrome[ ] Other: ____________________________

[ ] Congenital heart problems: [ ] Heart problems[ ] Other: ____________________________

[ ] Congenital high blood pressure: [ ] Heart problems[ ] Other: ____________________________

44. Has any family member had unexplained fainting, unexplained seizures, or experienced a near drowning? [ ] Yes [ ] No

45. Has any family member / relative died of heart problems before age 50 or had an unexpected / unexplained sudden death before age 50 (includes drowning, unexplained car accidents, suicide, sudden infant death syndrome)? [ ] Yes [ ] No

QUESTIONS ON CONCERN:

46. Are there any questions or concerns that the student, parent or guardian would like to discuss with the health care providers? (If yes, write them on page 4 of this form.) [ ] Yes [ ] No

I hereby certify that to the best of my knowledge all of the information is true and complete. I give my consent for an exchange of health information between the school nurse and health care providers.

Signature of parent / guardian / emancipated student ____________________________ Date

STUDENT'S HEALTH HISTORY (page 1 of this form) REVIEWED PRIOR TO PERFORMING EXAMINATION: Yes ☐ No ☐

Physical exam for grade:
K/1 ☐ 6 ☐ 11 ☐ Other ☐

Height: ( _____ ) inches

Weight: ( _____ ) pounds

BMI: ( _____ )

BMI-for-Age Percentile: ( _____ )%

Pulse: ( _____ )

Blood Pressure: ( _____ )

Hair/Scalp

Skin

Eyes/Vision Corrected ☐

Ears/Hearing

Nose and Throat

Teeth and Gingiva

Lymph Glands

Heart

Lungs

Abdomen

Genitourinary

Neuromuscular System

Extremities

Spine (Scoliosis)

Other

TUBERCULIN TEST | DATE APPLIED | DATE READ | RESULT/FOLLOW-UP

MEDICAL CONDITIONS OR CHRONIC DISEASES WHICH REQUIRE MEDICATION, RESTRICTION OF ACTIVITY, OR WHICH MAY AFFECT EDUCATION

(Additional space on page 4)

Parent/guardian present during exam: Yes ☐ No ☐

Physical exam performed at: Personal Health Care Provider's Office ☐ School ☐ Date of

exam __________ 20________

Print name of examiner ______________________________

Print examiner's office address ______________________________ Phone ______________________________

Signature of examiner MD ☐ DO ☐ PAC ☐ CRNP ☐
### IMMUNIZATION HISTORY

**STUDENT NAME:**

**HEALTH CARE PROVIDERS:** Please photocopy immunization history from student’s record – OR – Insert information below.

### IMMUNIZATION EXEMPTION(S):

<table>
<thead>
<tr>
<th>Medical</th>
<th>Date Issued:</th>
<th>Reason:</th>
<th>Date Rescinded:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NOTE:** The parent/guardian must provide a written request to the school for a religious or philosophical exemption.

### VACCINE

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>DOCUMENT: (1) Type of vaccine; (2) Date (month/day/year) for each Immunization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria/Tetanus/Pertussis (child)</td>
<td>1</td>
</tr>
<tr>
<td>Type: DTaP, DTP or DT</td>
<td>1</td>
</tr>
<tr>
<td>Diphtheria/Tetanus/Pertussis (adolescent/adult)</td>
<td>1</td>
</tr>
<tr>
<td>Type: Tdap or Td</td>
<td>1</td>
</tr>
<tr>
<td>Polio</td>
<td>1</td>
</tr>
<tr>
<td>Type: OPV or IPV</td>
<td>1</td>
</tr>
<tr>
<td>Hepatitis B (HepB)</td>
<td>1</td>
</tr>
<tr>
<td>Measles/Mumps/Rubella (MMR)</td>
<td>1</td>
</tr>
<tr>
<td>Mumps disease diagnosed by physician □</td>
<td>1</td>
</tr>
<tr>
<td>Varicella: Vaccine □</td>
<td>1</td>
</tr>
<tr>
<td>Varicella: Disease □</td>
<td>1</td>
</tr>
<tr>
<td>Serology: (Identify Antigen/Date/POS or NEG)</td>
<td>1</td>
</tr>
<tr>
<td>i.e. Hep B, Measles, Rubella, Varicella</td>
<td>1</td>
</tr>
<tr>
<td>Meningococcal Conjugate Vaccine (MCV4)</td>
<td>1</td>
</tr>
<tr>
<td>Human Papi loma Virus (HPV)</td>
<td>1</td>
</tr>
<tr>
<td>Type: HPV2 or HPV4</td>
<td>1</td>
</tr>
<tr>
<td>Influenza</td>
<td>1</td>
</tr>
<tr>
<td>Type: TIV (injected)</td>
<td>1</td>
</tr>
<tr>
<td>LAIV (nasal)</td>
<td>1</td>
</tr>
<tr>
<td>Haemophilus Influenza Type b (Hb)</td>
<td>1</td>
</tr>
<tr>
<td>Pneumococcal Conjugate Vaccine (PCV)</td>
<td>1</td>
</tr>
<tr>
<td>Type: 7 or 13</td>
<td>1</td>
</tr>
<tr>
<td>Hepatitis A (HepA)</td>
<td>1</td>
</tr>
<tr>
<td>Rotavirus</td>
<td>1</td>
</tr>
<tr>
<td>Other Vaccines: (Type and Date)</td>
<td>1</td>
</tr>
</tbody>
</table>
Authority

The Board shall approve a program of home education, pursuant to law, permitting students to study at home in accordance with Board policy.\[1][2][3]

Definitions

Appropriate Education - a program consisting of instruction in the required subjects for the time required by law and in which the student demonstrates sustained progress in the overall program.\[2]

Hearing Examiner - shall not be an officer, employee or agent of the Department of Education or of the school district or intermediate unit of residence of the child in the home education program.

Home Education Program - a program conducted in compliance with law by the parent/guardian or person having legal custody of a child. A home education program shall not be considered a nonpublic school under the provisions of law.

Supervisor - the parent/guardian or person having legal custody of a child who is responsible for providing instruction, provided that such person has a high school diploma or its equivalent.

Guidelines

Eligibility/Affidavits

A notarized affidavit of the parent/guardian or person having legal custody of the child shall be filed prior to commencement of the home education program and annually thereafter on August 1 with the Superintendent. The affidavit shall set forth:\[2]

1. Name of the supervisor of the home education program who will be responsible for the provision of instruction.

2. Name and age of each child who will participate in the home education program.

3. Address and telephone number of the home education program site.

4. That subjects required by law are offered in the English language, including an outline of proposed education objectives by subject area.

5. Evidence that the child has been immunized and has received the health and
medical services required for students of the child's age or grade level.\[4][5\]

The affidavit shall contain certification signed by the supervisor that the supervisor, all adults in the home and persons having legal custody of a child in the home education program have not been convicted of criminal offenses as enumerated in the School Code.\[6\]

The Superintendent shall review the notarized affidavit and the portfolio of records and materials and the annual written evaluation of educational progress to determine the following, as appropriate:\[2\]

1. Whether the supervisor of the home education program is the parent/guardian or person having legal custody of the student.

2. Whether the supervisor of the home education program holds a high school diploma or GED certificate.

3. Whether the information required by the School Code is included in the affidavit, portfolio, and evaluation and is true and correct.

4. Whether the testing required by the School Code was administered by an individual other than the parent/guardian of the student.

5. Whether the evaluation of the portfolio was conducted by a teacher or administrator with the certification and experience required by the School Code.

6. Whether the home education program of an identified student, as defined by the special education regulations of the State Board of Education, was approved by a teacher certified by the Commonwealth of Pennsylvania to teach special education or a licensed clinical or certified school psychologist.\[1\]

7. Whether the student is receiving instruction in the subjects and for the time specified in the School Code.

8. Whether the student has demonstrated and is demonstrating sustained progress in the overall home education program.

In reviewing the affidavit, portfolio, and evaluation and determining whether the student has demonstrated sustained progress in the overall program, the Superintendent shall use his/her best professional judgment and may seek the advice and input of such professional staff as s/he deems appropriate. Care shall be taken to protect the privacy rights of the student or parents/guardians. If the Superintendent chooses to seek the advice or input of others, the parents/guardians of the student will be notified in a timely manner.

Transfers

In the event of the home education program site relocating to another school district within Pennsylvania, the supervisor must apply, by registered mail, to the Superintendent of the district in which s/he currently resides, requesting a letter of transfer for the home education program to the district to which the home education program is relocating. The letter of transfer must be filed by the supervisor of the home education program with the Superintendent of the new district of residence. The letter of transfer shall be issued no later than thirty (30) days after receipt of the registered mail request of the home education program supervisor.\[2]\n
Program

A student who is enrolled in a home education program shall be deemed to have met
the requirements if the program provides a minimum of one hundred eighty (180) days of instruction, or nine hundred (900) hours of instruction per year at the elementary level, or nine hundred ninety (990) hours per year at the secondary level.\[2]\n
At the elementary level, the following courses shall be taught: English, to include spelling, reading and writing; arithmetic; science; geography; history of the United States and Pennsylvania; civics; safety education, including regular and continuous instruction in the dangers and prevention of fires; health and physiology; physical education; music; and art.

At the secondary level, the following courses shall be taught: 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.

Courses of study may include, at the discretion of the supervisor: economics; biology; chemistry; foreign languages; trigonometry; or other age-appropriate courses required by the State Board of Education.

Requirements of Supervisor

In order to demonstrate that appropriate education is occurring, the supervisor shall provide and maintain on file for each student enrolled in the home education program a portfolio of records and materials.\[2]\n
The portfolio shall consist of a log, made contemporaneously with the instruction, that designates by title the reading materials used; samples of any writings; worksheets, workbooks or creative materials used or developed by the student; and in grades three, five and eight results of nationally normed standardized achievement tests in reading, language arts and mathematics or results of statewide tests administered in these grade levels.

The supervisor shall ensure that the nationally normed standardized tests or the statewide tests are not administered by the child's parent/guardian.

Evaluation Requirements

A teacher or administrator who evaluates a portfolio at the elementary level or secondary level shall meet the requirements established in law.\[2]\n
An annual written evaluation of the student's educational progress as determined by a licensed clinical or school psychologist, a teacher certified by the Commonwealth, or a nonpublic school teacher or administrator is required. Any such nonpublic teacher or administrator shall have at least two (2) years of teaching experience in Pennsylvania public or nonpublic schools within the last ten (10) years. The evaluation shall also be based on an interview of the child and a review of the portfolio and shall certify whether or not an appropriate education is occurring. At the request of the supervisor, persons with other qualifications may conduct the evaluation with the prior consent of the Superintendent. In no event shall the evaluator be the supervisor or his/her spouse.

Documentation required by this policy shall be provided to the district Superintendent or designee at the conclusion of each school year. The Superintendent shall determine whether the child is receiving appropriate education, as defined in this policy and law, as a program consisting of instruction in the required subjects for the time required and in which the student demonstrates sustained progress in the overall program.

If the Superintendent or designee has a reasonable belief that, at any time during the
school year, appropriate education may not be occurring in the home education program, s/he may require documentation pertaining to the portfolio to be submitted to the district by certified mail with return receipt requested within fifteen (15) days, and the evaluation to be submitted within thirty (30) days.

If the Superintendent or designee determines, based on documentation, that appropriate education is not occurring, s/he shall send a letter to the supervisor stating that in his/her opinion appropriate education is not occurring in the home education program and shall return all documentation, specifying what aspect(s) of the documentation are inadequate.

The supervisor of the program shall have twenty (20) days from receipt of the certified letter to submit additional documentation demonstrating that appropriate education is taking place. If documentation is not submitted within that time, the home education program shall be out of compliance; and the student shall be promptly enrolled in the public or a nonpublic school.

Duration of Program

If the program is terminated by the supervisor prior to completion or in the middle of an academic year, the Superintendent shall have reason to believe that an appropriate education did not occur in the program and may initiate a portfolio review in accordance with law. In determining whether an appropriate education has occurred, the Superintendent may consider the premature termination of the program and the effects of premature termination on the student. Use of home education as a subterfuge to avoid the requirements of compulsory attendance violates the policy of this district and the purpose and intent of the School Code. Parents/Guardians who attempt such subterfuge shall be out of compliance with law and shall be prosecuted accordingly. If the required affidavit, portfolio, or evaluation contains material misrepresentations of fact, the district shall not consider home education to constitute a valid defense to a truancy prosecution.

Parents/Guardians or legal custodians may initiate a home education program at any time. The program may continue, unless deemed out of compliance, through the end of the school year during which it is initiated. For each subsequent school year during which the parent/guardian or custodian wishes to provide home education, the parent/guardian or custodian shall submit to the Superintendent on or before August 1 immediately preceding the school year in question the notarized affidavit required by law.

Right of Hearing

The Board shall provide for a proper hearing by a duly qualified and impartial hearing examiner within thirty (30) days. The examiner shall render a decision within fifteen (15) days of the hearing, except that s/he may require the establishment of a remedial education plan mutually agreed to by the Superintendent and supervisor of the home education program which shall continue the home education program. The decision of the examiner may be appealed by either the supervisor or the Superintendent to the Secretary of Education or Commonwealth Court.

If the hearing examiner finds that the documentation does not indicate that appropriate education is taking place in the home education program, the home education program shall be out of compliance; and the student shall be promptly enrolled in a public or nonpublic school.

Loan of Instructional Materials

The district shall, at the request of the supervisor, lend to the home education program copies of the school’s planned courses, textbooks, and other curriculum materials appropriate to the student’s age and grade level.
Graduation Requirements

The following minimum courses in grades 9 through 12 are established as a requirement for graduation in a home education program: four (4) years of English; three (3) years of mathematics; three (3) years of science; three (3) years of social studies; two (2) years of arts and humanities.[2]

Participation in Driver’s Education

Students who meet the age requirements may submit a request to participate in the district-sponsored driver’s education instructional program. In order to participate in behind-the-wheel instruction, students must have successfully completed the classroom instruction offered by the district or a Pennsylvania Department of Education certified driver’s education instructor. Students will be responsible for their own transportation to attend classroom and behind-the-wheel sessions, as scheduled. All fees associated with the program will be paid by the student.

Grade Level Placement

Students entering the Eastern Lancaster County School District will be placed in a grade closest to their chronological age, achievement level based on district norms, previous records, present program options and curriculum requirements.

Graduation/Attainment of Credits

Home education students, who wish to receive a diploma from Eastern Lancaster County School District, must enroll in the district for the entire twelfth grade year. Students who apply for admission in grades 9-12 will undergo a transcript evaluation to meet the district’s graduation requirements including: course requirements, credit requirements and successful completion of a graduation project. Students who are admitted to the school district after grade 9 will not be included in class grade ranking.

Students With a Disability

A home education program shall meet compulsory attendance requirements for a student with a disability only when the program addresses the specific needs of the student and is approved by a teacher with a valid education certificate from the Commonwealth to teach special education, or a licensed clinical or certified school psychologist. Written notice of such approval must be submitted with the required affidavit.[1]

The supervisor may request that the school district or intermediate unit of residence provide services that address the specific needs of a student with a disability.

When the provision of services is agreed to by both the supervisor and the school district or intermediate unit, all services shall be provided in the public schools or in a private school licensed to provide such programs and services.

Legal

1. 24 P.S. 1327
2. 24 P.S. 1327.1
3. 22 PA Code 11.31a
4. Pol. 203
5. Pol. 209
6. 24 P.S. 111

Last Modified by Danielle Marshall on November 13, 2014
Authority

The Board shall approve participation in the district’s extracurricular activities and interscholastic athletic programs by a student enrolled in a home education program who meets all the conditions stated in Board policy.[1][2][3][4][5]

The Board shall not provide individual transportation for students enrolled in home education programs who participate in the district’s extracurricular activities or interscholastic athletic programs. When the district provides transportation to and from an away competition, game, event or exhibition and requires district students to use district transportation, home education students shall be required to use the transportation provided by the district.

Guidelines

Students attending home education programs shall be given an equal opportunity to compete for positions and participate in district extracurricular activities and interscholastic athletic programs.

A home education student may participate in extracurricular activities and interscholastic athletic programs only at the school building the student would be assigned to if s/he was enrolled in the school district.

Prior to trying-out or joining an activity, a home education student shall submit required documents and written verification of eligibility to the building principal or designee.

To be considered in attendance in accordance with Board policy, the home education student must participate in a full, normally scheduled academic program, in accordance with the planned home education program and submitted documentation.[5][6]

The following conditions shall govern participation in the district’s extracurricular activities and interscholastic athletic programs by home education students, who shall:

1. Be a resident of the school district.

2. Meet the required eligibility criteria.[3][4]

3. Maintain appropriate insurance coverage, consistent with the coverage requirements for district students.[4]
4. Comply with Board policies and school rules and regulations regarding extracurricular activities, interscholastic athletics, and student discipline. [3][4][7]

5. Comply with policies, rules and regulations, or their equivalent, of the activity’s governing organization.[1][2]

6. Meet attendance and reporting requirements established for all participants of the activity or program.[6]

7. Meet the requirements for physical examinations and physical fitness and any height and/or weight restrictions.[2][4]

8. Comply with all requirements and directives of the district staff, coaches and administrators involved with the extracurricular activity or interscholastic athletic program.

If a class for credit held during the school day by the school district is required for participation in activities that take place outside of the class, home education students shall not be eligible to participate in such activities.

Delegation of Responsibility

The building principal or designee shall ensure that home education students have access to information regarding the district’s extracurricular activities and interscholastic athletic programs.

The building principal or designee shall receive and review verification from the parent/guardian that a student has met and continues to meet the established eligibility criteria for an extracurricular activity or interscholastic athletic program.

The building principal or designee shall distribute information regarding eligibility criteria and student participation in extracurricular activities and interscholastic athletics to all affected by them.

Legal

1. 24 P.S. 511
2. 24 P.S. 1327.1
3. Pol. 122
4. Pol. 123
5. Pol. 137
6. Pol. 204
7. Pol. 218

Last Modified by Danielle Marshall on November 13, 2014