



Upper Adams School District

Homeschool Handbook &

Application Information

GENERAL INFORMATION

Public Law and Upper Adams School District Policy

The Pennsylvania Law and Upper Adams School District Policy 137, 137.1, 137.2 and 137.3 Homeschool Policies, can be found on the district website at www.upperadams.org under, About, Policies and Procedures. Procedures used to implement the law and policies are presented throughout the remainder of this publication. **Note:** Age 6 is the age at which a child must attend school. While homeschooling prior to age 6 is optional, if a student has already attended a public school, the homeschooling process must be completed.

Important Dates

- August 15** All requests for use of materials for current school year are due.
- January 31** Date all records must be retrieved by parent if the child has been withdrawn to be homeschooled since the beginning of the current school year. Records may be destroyed after this date.
- March 15** All requests for participation in curricular and/or co-curricular activities for the following school year are due.
- June 30** Homeschool Evaluation Forms are due to the Upper Adams School District. This is a required component for all homeschooled students.
- Ongoing** All applications, affidavits, and health record forms to conduct homeschooling are requested at least two (2) weeks in advance of the beginning of schooling.
- Ongoing** Request for services will be accepted provided the request is enough in advance to permit a reasonable time for response.
- Ongoing** Enrollment on the school rolls can be processed at any time but it must precede any involvement with the school.

Staff Contacts

The list which follows is to provide you with the proper contact person/office for various requests for information.

Application/Affidavit/ Health Forms	Mrs. Candy Bretzman 161 North Main Street Biglerville, PA 17307 (717) 677-7191 e-mail: c.bretzman@upperadams.org
PSSA & Keystone Assessments	Mr. Joseph Albin 161 North Main Street Biglerville, PA 17307 (717) 677-7191 e-mail: j.albin@upperadams.org
Special Education	Mr. Brad Showers 161 North Main Street Biglerville, PA 17307 (717) 677-7191 e-mail: b.showers@upperadams.org

Interscholastic &
Intramural Athletics

Mr. Anthony Graham
161 North Main Street
Biglerville, PA 17307
(717) 677-7191 e-mail: a.graham@upperadams.org

Curriculum, Books,
Resources, &
Student Activities

Building Principal

Enrollment/Registration

Mrs. Candy Bretzman
161 North Main Street
Biglerville, PA 17307
(717) 677-7191 e-mail: c.bretzman@upperadams.org

Recognition

When homeschoolers receive recognition for in school performance on a test or in competitions or when they receive recognition on national school performance measures they will be included in press releases provided by the Upper Adams School District.

Homeschool students either full or part time are **not eligible** for the Upper Adams School District Diploma and are **not** included in the consideration for awards or GPA standings such as honor roll.

Other Resources

“**The Guide to the PA Homeschool Law**” by Howard and Susan Richman. Copies may be purchased by contacting:

PA Homeschoolers
105 Richman Ln., Kittanning, PA 16201
(724) 783-6512 phone & FAX
www.pahomeschoolers.com
e-mail: richmans@pahomeschoolers.com

APPLICATION/AFFIDAVIT/HEALTH FORM

Appendix A is the application, affidavit, and health forms required by the Upper Adams School District for homeschooling. The form must be submitted to Mrs. Candy Bretzman (address listed in Introduction). Each application will require two (2) weeks for review and approval. If questions or concerns exist, the Upper Adams School District staff will review them with you during that period.

Although not required, it is advisable to have students homeschooled for the entire school year rather than partial years. This is the case because the plan is best developed in this fashion given the structure of our schools.

If a student is withdrawn from homeschooling during the school year, please notify Mrs. Candy Bretzman.

Materials

August 15 - Requests to use school materials must be submitted by this date for use in the next school year.

Appendix B is to be used for all requests for materials, **one request per student**. The request form asks questions to help school staff better understand your interest in materials.

Regulations

The school principal and staff will be responsible for the supervision and discipline of home-schooled students while in the school. Students will be expected to follow all rules and regulations of the Upper Adams School District.

The homeschool supervisor should secure copies of appropriate student handbooks and other publications, which define the policies, procedures, rules and regulations regarding participation.

The following publications are available from the school your child would have attended.

Student Handbooks
BHS Course Selection Guide (Biglerville High School Only)

CURRICULUM PARTICIPATION

March 15 - Requests to participate in specific courses must be submitted by this date for inclusion in such activities for the next school year.

Appendix C is to be used for the submission of all requests to participate, one form per student. **If student is currently enrolled as a Part-Time/Non-Registered (PTNR) student to take a course, you still must complete and submit Appendix C.**

Placement in class will be based upon information provided to the school principal or counselor by the homeschool supervisor and follow up meetings, if needed.

CO-CURRICULAR PARTICIPATION

March 15 - Requests to participate in co-curricular activities must be submitted by this date for inclusion in such activities for the next school year.

Interscholastics

Participation in interscholastics should be requested on *Appendix D*. This request requires specific selection of the sport(s) of interest by **March 15th**. A complete listing of interscholastic activities can be found on the district website www.upperadams.org under District Departments, Athletics.

School Based Events/Activities

Participation in school-based events/activities should be requested on *Appendix E*, but specific events/activities do not have to be noted at the time of submission. School-based events are offered on availability of coaches, facilities and funds.

Specific options, time lines and dates for activities are not always available until after the start of the school year. If specific information is required, the homeschool supervisor should contact the building principal at the school for which your child would attend over the course of the school year.

Homeschoolers will be expected to participate in activities offered at the school in which they would attend, if enrolled, depending upon their grade/age. Exceptions may be made depending upon special circumstances.

Biglerville High School Activities (Grades 9-12)

Participation in co-curricular activities should be requested on *Appendix F*, but specific activities do not have to be noted at the time of submission. A complete list can be viewed on the high school website www.upperadams.org, under Biglerville High School. Specific options, time lines, and dates are not always available until after the start of the school year. In addition, homeschooled students are not be permitted on field trips unless participating in a specific course with prior approval.

Note that some of musical groups are part of the Music Program curriculum.

Homeschool Evaluation

Parents/Guardians are required to complete and return a Homeschool Evaluation Form by **June 30th** each school year. The Homeschool Evaluation Form verifies that the student has received instruction for the required number of days in all the subjects mandated by Act 169 of 1988. Parents/Guardians may use the form included as *Appendix G* to complete this requirement. If the parent/guardian chooses to use an alternative form for their Homeschool Evaluation, he or she should verify with the Upper Adams School District, prior to submitting their form, if their documentation can be used as an acceptable alternative evaluation.

It is the responsibility of the parent/guardian to secure and/or compensate an evaluator for their Homeschool Program. The Upper Adams School District will not recommend or endorse any specific evaluators.

Home Education Evaluator means, with some exceptions as found in law, a licensed clinical psychologist, school psychologist, Pennsylvania certified teacher with two years grading experience at the level they evaluate (K-12 and/or 7-12), nonpublic school teacher or administrator with two years Pennsylvania teaching experience within the last 10 years at the level they evaluate (K-6 and/or 7-12), or persons with other qualifications, with the prior consent of the superintendent of the district of residence.

STUDENT SERVICES

Counseling, Title I, Instructional Support and Other Student Services

Services available to students in the school are available to homeschooled students related to their participation in curricular and co-curricular activities. These services will be accessible through contact with the building principal or counselor in the school in which the child is participating.

Food Services

Occasionally home-schooled students may have lunch in school if they are otherwise in school for curriculum activities, co-curricular activities, or facilities use. They will also be eligible for free and reduced lunch if they qualify. Homeschooled students may apply for free and reduced lunch by contacting Kim Cless, Food Services Coordinator at 717-677-7191 ext. 2740 or by email at k.cless@upperadams.org.

This is not a service, which may be selected in advance, but rather a measure to be implemented for the convenience of the homeschooler if it is judged reasonable during the school year.

Health Screenings and Physicals

Upon request, the Upper Adams School District can provide mandated health screenings to any school age student who is a resident of our school district regardless of enrollment status.

If you wish to include your student in a screening cycle please contact Mrs. Candy Bretzman (address listed in the Introduction). Home-schooled students will then be included in planned screenings. Physicals for a given school year must be done no earlier than 12 months prior to the start of the school year and may be done during the school year.

Student Assessment

The Pennsylvania System of School Assessment (PSSA) is required of all public school students. Those interested in this assessment should contact the school principal. These tests meet the achievement test requirement for all homeschoolers and are given for Reading and Math in grades 3 thru 8, and for Science in grades 5 and 8.

The Pennsylvania Keystone Exam is available for students in grades 11.

Please contact the school in which your child would attend, if enrolled, for specific testing information.

Special Education Assessment/Services

Assessment of the need for special education will be conducted by the school district after a written request from a homeschool supervisor and a follow up meeting with school district staff. Mr. Brad Showers (address listed in the Introduction) should be contacted to make arrangements.

If it should become necessary to provide special education services to a home-schooled student, those services may be provided in the public school. Specific plans for any special education program for a homeschooled student will be developed through careful and complete meetings between the parents/guardians, homeschool supervisor (if different from parent/guardian) and school staff.

Student Parking

Student parking information can be viewed on the high school website at www.upperadams.org under Biglerville High School.

Transportation

Upon Request, homeschooled students taking a first period class can be transported to school in the morning and those taking a class during last period can be transported home.

The students will be permitted to participate in all transportation related to curricular and/or co-curricular activities provided they follow Upper Adams School District procedures.

STUDENT REGISTRATION

Homeschool Students Enrolling as Full Time Students

Home-schooled students enrolling full time in the public school. Supporting documentation required to complete the registration process includes:

1. Completion of the Student Registration forms located on the district website at www.upperadams.org under Forms, Student Enrollment Registration Forms and is finalized by the Central Registration Coordinator located at the Biglerville High School Office.
2. Proof of the student's date of birth (birth certificate, passport, or baptismal certificate if the birth date is shown). Documents must be originals, not copies.
3. A list of the student's immunizations. This can be a list from your doctor or a record you have kept.
4. Proof of parent/guardian residency in the Upper Adams School District, (signed lease agreement, or current utility bill for parent/guardian's place of residence).
5. Guardianship and Custody Orders. Persons with legal guardianship or legal custody of a child must bring a copy of the court order granting legal guardianship and the document (s granting custody).

Regular age appropriate recommendations made by the homeschool supervisor will be used for placement should a homeschooled student enter the public school full time. Accelerated placements will require discussion with school staff and appropriate assessment.

Homeschool students enrolling as Part-Time/Non-Registered (PTNR) students for the first time

Home-schooled students wanting to take curricular, co-curricular, interscholastics, intramurals or activities. The following supporting documentation is required to complete the registration process:

1. Completion of the Student Registration forms located on the district website at www.upperadams.org under Forms, Student Enrollment Registration Forms and is finalized by the Central Registration Coordinator located at Biglerville High School.
2. Proof of the student's date of birth (birth certificate, passport, or baptismal certificate if the birth date is shown). Documents must be originals, not copies.
3. A list of the student's immunizations. This can be a list from your doctor or a record you have kept.
4. Proof of parent/guardian residency in the Upper Adams School District, (signed lease agreement, or current utility bill for parent/guardian's place of residence).
5. Guardianship and Custody Orders. Persons with legal guardianship or legal custody of a child must bring a copy of the court order granting legal guardianship and the document (s granting custody).

Current Part-Time/Non-Registered (PTNR) students returning next year

Students currently enrolled as PTNR and will either return as PTNR or are enrolling full time must provide the following documentation to complete registration:

1. Proof of parent/guardian residency in the Upper Adams School District, (signed lease agreement, or current utility bill for parent/guardian's place of residence).
2. Guardianship and Custody Orders. Persons with legal guardianship or legal custody of a child must bring a copy of the court order granting legal guardianship and the document (s granting custody).

MANAGEMENT OF STUDENT DATA

Submission of the registration form permits our staff to maintain current information on the student, and to respond appropriately to student/family needs. Some information is required for various state reports or to meet state regulations, and some information is needed to provide services for the homeschooled student.

Student Files

A file for PTNR students containing registration data, attendance records, grades and other performance records for enrolled courses will be maintained in the school building the student is attending. Health information, including emergency information, will be maintained by the school nurse in that building. This information will be made available to the homeschool supervisor.

Transcripts

Homeschoolers are encouraged to maintain a transcript similar to that used in the public school. This will be helpful in the post high school application process.

Grades and credits for courses taken at the Upper Adams School District are available as an **unofficial transcript**.

GRADUATION – DIPLOMAS

Homeschoolers are not eligible for an Upper Adams School District diploma per Board policy. The Commonwealth of Pennsylvania does not grant diplomas either. Interested parties should call the Homeschool Office of the Pennsylvania Department of Education (717-787-4860) for information on how to get a diploma.

AFFIDAVIT OF THE SUPERVISOR OF A HOME EDUCATION PROGRAM

To the superintendent of the Upper Adams School District.

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

custodian of (Please list all students under your supervision below)

Student Name	Age	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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)

I attest that the home education program will be in compliance with Section 13-1327.1 of Pennsylvania Statutes Annotated.

For Elementary Students (Grades K-6th):

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.

I attest that the following courses shall be taught at the elementary school 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.

For Secondary Students (Grades 7-12th):

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.

AFFIDAVIT OF THE SUPERVISOR OF A HOME EDUCATION PROGRAM

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).

I attest that the education objectives in the home education program are by subject area **as attached** to this affidavit (attach objectives).

I attest that the students listed on this affidavit have been immunized against 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.

I attest that the students listed on this affidavit have received the health and 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.

I attest that no adult living in the home, including the undersigned supervisor, and no person having legal custody of the students listed on this affidavit have 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).

AFFIDAVIT OF THE SUPERVISOR OF A HOME EDUCATION PROGRAM

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)

My commission expires: _____



Bureau of Community Health Systems
Division of School Health

Private or School PHYSICAL EXAMINATION OF SCHOOL AGE STUDENT

PARENT / GUARDIAN / STUDENT:

Complete page one of this form before
student's exam. Take completed form to
appointment.

Student's name _____ Today's date _____

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:

Does the student have any allergies? ☐ No ☐ Yes (If yes, list specific allergy and reaction.)

☐ Medicines ☐ Pollens ☐ 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: <i>Has the student...</i>	YES	NO	GENITOURINARY: <i>Has the student...</i>	YES	NO
1. Any ongoing medical conditions? If so, please identify: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infection Other _____			29. Had groin pain or a painful bulge or hernia in the groin area?		
2. Ever stayed more than one night in the hospital?			30. Had a history of urinary tract infections or bedwetting?		
3. Ever had surgery?			31. FEMALES ONLY: Had a menstrual period? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: At what age was her first menstrual period? _____ How many periods has she had in the last 12 months? _____ Date of last period: _____		
4. Ever had a seizure?			DENTAL: YES NO		
5. Had a history of being born without or is missing a kidney, an eye, a testicle (males), spleen, or any other organ?			32. Has the student had any pain or problems with his/her gums or teeth?		
6. Ever become ill while exercising in the heat?			33. Name of student's dentist: _____ Last dental visit: <input type="checkbox"/> less than 1 year <input type="checkbox"/> 1-2 years <input type="checkbox"/> greater than 2 years		
7. Had frequent muscle cramps when exercising?			SOCIAL/LEARNING: <i>Has the student...</i> YES NO		
HEAD/NECK/SPINE: <i>Has the student...</i> YES NO			34. Been told he/she has a learning disability, intellectual or developmental disability, cognitive delay, ADD/ADHD, etc.?		
8. Had headaches with exercise?			35. Been bullied or experienced bullying behavior?		
9. Ever had a head injury or concussion?			36. Experienced major grief, trauma, or other significant life event?		
10. Ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?			37. Exhibited significant changes in behavior, social relationships, grades, eating or sleeping habits; withdrawn from family or friends?		
11. Ever had numbness, tingling, or weakness in his/her arms or legs after being hit or falling?			38. Been worried, sad, upset, or angry much of the time?		
12. Ever been unable to move arms or legs after being hit or falling?			39. Shown a general loss of energy, motivation, interest or enthusiasm?		
13. Noticed or been told he/she has a curved spine or scoliosis?			40. Had concerns about weight; been trying to gain or lose weight or received a recommendation to gain or lose weight?		
14. Had any problem with his/her eyes (vision) or had a history of an eye injury?			41. Used (or currently uses) tobacco, alcohol, or drugs?		
15. Been prescribed glasses or contact lenses?			FAMILY HEALTH: YES NO		
HEART/LUNGS: <i>Has the student...</i> YES NO			42. Is there a family history of the following? If so, check all that apply: <input type="checkbox"/> Anemia/blood disorders <input type="checkbox"/> Inherited disease/syndrome <input type="checkbox"/> Asthma/lung problems <input type="checkbox"/> Kidney problems <input type="checkbox"/> Behavioral health issue <input type="checkbox"/> Seizure disorder <input type="checkbox"/> Diabetes <input type="checkbox"/> Sickle cell trait or disease Other _____		
16. Ever used an inhaler or taken asthma medicine?			43. Is there a family history of any of the following heart-related problems? If so, check all that apply: <input type="checkbox"/> Brugada syndrome <input type="checkbox"/> QT syndrome <input type="checkbox"/> Cardiomyopathy <input type="checkbox"/> Marfan syndrome <input type="checkbox"/> High blood pressure <input type="checkbox"/> Ventricular tachycardia <input type="checkbox"/> High cholesterol <input type="checkbox"/> Other _____		
17. Ever had the doctor say he/she has a heart problem? If so, check all that apply: <input type="checkbox"/> Heart murmur or heart infection <input type="checkbox"/> High blood pressure <input type="checkbox"/> Kawasaki disease <input type="checkbox"/> High cholesterol <input type="checkbox"/> Other _____			44. Has any family member had unexplained fainting, unexplained seizures, or experienced a near drowning?		
18. Been told by the doctor to have a heart test? (For example, ECG/EKG, echocardiogram)?			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, sudden infant death syndrome)?		
19. Had a cough, wheeze, difficulty breathing, shortness of breath or felt lightheaded DURING or AFTER exercise?			QUESTIONS OR CONCERNS YES NO		
20. Had discomfort, pain, tightness or chest pressure during exercise?			46. Are there any questions or concerns that the student, parent or guardian would like to discuss with the health care provider? (If yes, write them on page 4 of this form.)		
21. Felt his/her heart race or skip beats during exercise?					
BONE/JOINT: <i>Has the student...</i> YES NO					
22. Had a broken or fractured bone, stress fracture, or dislocated joint?					
23. Had an injury to a muscle, ligament, or tendon?					
24. Had an injury that required a brace, cast, crutches, or orthotics?					
25. Needed an x-ray, MRI, CT scan, injection, or physical therapy following an injury?					
26. Had joints that become painful, swollen, feel warm, or look red?					
SKIN: <i>Has the student...</i> YES NO					
27. Had any rashes, pressure sores, or other skin problems?					
28. Ever had herpes or a MRSA skin infection?					

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 _____

Adapted in part from the *Pre-participation Physical Evaluation History Form*; ©2010 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine.

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

Physical exam for grade: K/1 <input type="checkbox"/> 6 <input type="checkbox"/> 11 <input type="checkbox"/> Other <input type="checkbox"/>	CHECK ONE			*ABNORMAL FINDINGS / RECOMMENDATIONS / REFERRALS
	NORMAL	*ABNORMAL	DEFER	
Height: () inches				
Weight: () pounds				
BMI: ()				
BMI-for-Age Percentile: () %				
Pulse: ()				
Blood Pressure: (/)				
Hair/Scalp				
Skin				
Eyes/Vision Corrected <input type="checkbox"/>				
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 ☐

HEALTH CARE PROVIDERS: Please photocopy immunization history from student's record – OR – insert information below.

IMMUNIZATION EXEMPTION(S):

Medical ☐ Date Issued: _____ Reason: _____ Date Rescinded: _____

Medical ☐ Date Issued: _____ Reason: _____ Date Rescinded: _____

Medical ☐ Date Issued: _____ Reason: _____ Date Rescinded: _____

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

VACCINE	DOCUMENT: (1) Type of vaccine; (2) Date (month/day/year) for each immunization				
Diphtheria/Tetanus/Pertussis (child) Type: DTaP, DTP or DT	1	2	3	4	5
Diphtheria/Tetanus/Pertussis (adolescent/adult) Type: Tdap or Td	1	2	3	4	5
Polio Type: OPV or IPV	1	2	3	4	5
Hepatitis B (HepB)	1	2	3	4	5
Measles/Mumps/Rubella (MMR)	1	2	3	4	5
Mumps disease diagnosed by physician <input type="checkbox"/>	Date: _____				
Varicella: Vaccine <input type="checkbox"/> Disease <input type="checkbox"/>	1	2	3	4	5
Serology: (Identify Antigen/Date/POS or NEG) i.e. Hep B, Measles, Rubella, Varicella	1	2	3	4	5
Meningococcal Conjugate Vaccine (MCV4)	1	2	3	4	5
Human Papilloma Virus (HPV) Type: HPV2 or HPV4	1	2	3	4	5
Influenza Type: TIV (injected) LAIV (nasal)	1	2	3	4	5
	6	7	8	9	10
	11	12	13	14	15
Haemophilus Influenzae Type b (Hib)	1	2	3	4	5
Pneumococcal Conjugate Vaccine (PCV) Type: 7 or 13	1	2	3	4	5
Hepatitis A (HepA)	1	2	3	4	5
Rotavirus	1	2	3	4	5
Other Vaccines: (Type and Date)					

STUDENT NAME:

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH**PRIVATE DENTIST REPORT
OF DENTAL EXAMINATION OF A PUPIL OF SCHOOL AGE**

NAME OF SCHOOL _____ DATE _____ 20 ____

NAME OF CHILD			AGE	SEX	GRADE	SECTION/ROOM
Last	First	Middle		<input type="checkbox"/> M <input type="checkbox"/> F		

ADDRESS

No. and Street City or Post Office Borough/Township County State Zip

REPORT OF EXAMINATION

	TOOTH CHART																
	RIGHT								LEFT								
UPPER	1	2	3	4 A	5 B	6 C	7 D	8 E	9 F	10 G	11 H	12 I	13 J	14	15	16	Upper
LOWER	32	31	30	29 T	28 S	27 R	26 Q	25 P	24 O	23 N	22 M	21 L	20 K	19	18	17	Lower
UPPER																	Upper
LOWER																	Lower

Is The Child Under Treatment?

Yes ☐No ☐

Treatment Completed

Yes ☐No ☐_____
Date of Dental Examination_____
Signature of Dental Examiner_____
Print Name of Dental Examiner_____
Address



Wesley T. Doll, Ed.D.
Superintendent of Schools

Joseph L. Albin
Director of Curriculum, Instruction, & Assessment

Shelley L. Hobbs, MBA, PCSBA
Business Services

Brad Showers
Director of Student Services

UPPER ADAMS SCHOOL DISTRICT

161 North Main Street, Biglerville, PA 17307
Phone: (717) 677-7191 Fax: (717) 677-9807
www.upperadams.org

PENNSYLVANIA DEPARTMENT OF HEALTH REQUIRED MEDICAL SERVICES FOR GRADE LEVEL

Following is a chart of the required medical health information that needs to be provided to the Upper Adams School District on a yearly basis.

	Physical Exam	Dental	Vision	Height/Weight	Hearing	TB Test	Scoliosis	Health Care Provider's Signature
K	X	X	X	X	X	X		
1			X	X	X			
2			X	X	X			
3		X	X	X	X			
4			X	X				
5			X	X				
6	X		X	X			X	
7		X	X	X	X		X	
8			X	X				
9			X	X		X		
10			X	X				
11	X		X	X	X			
12			X	X				

APPENDIX B

HOME SCHOOL STUDENT MATERIALS REQUEST

Return To:
Upper Adams School District
Attention: Mrs. Candy Bretzman
District Office
161 North Main Street
Biglerville, PA 17307
(Due August 15th)

Date _____

Student's Name _____ Grade _____

Supervisor _____

Address _____

Phone Number _____ E-Mail _____

Materials requested (please be very specific as to text, titles, etc.) _____

Questions you may have regarding materials for the homeschooling plan you are implementing.

APPENDIX C

HOME SCHOOL STUDENT CURRICULUM REQUEST

Return To:
Upper Adams School District
Attention: Mrs. Candy Bretzman
District Office
161 North Main Street
Biglerville, PA 17307
(Due March 15th)

Date _____

Student's Name _____ Grade _____

Supervisor _____

Address _____

Phone Number _____ E-Mail _____

Courses in which student would like to enroll.

Are there any limits as to periods/times in which the student may take the course(s)?

Are there any special circumstances with regard to this request?

APPENDIX D

**HOME SCHOOL STUDENT
CO-CURRICULAR REQUEST
INTERSCHOLASTICS**

**Return To:
Upper Adams School District
Attention: Mrs. Candy Bretzman
District Office
161 North Main Street
Biglerville, PA 17307
(Due March 15th)**

Date _____

Student's Name _____ Grade _____

Supervisor _____

Address _____

Phone Number _____ E-Mail _____

List sports in which the student may participate.

APPENDIX E

**HOME SCHOOL STUDENT
CO-CURRICULAR REQUEST
SCHOOL-BASED ACTIVITIES/EVENTS**

**Return To:
Upper Adams School District
Attention: Mrs. Candy Bretzman
District Office
161 North Main Street
Biglerville, PA 17307
(Due March 15th)**

Date _____

Student's Name _____

Grade _____

Supervisor _____

Address _____

Phone Number _____ E-Mail _____

List school-based activities/events in which the student may participate.

APPENDIX F

**HOME SCHOOL STUDENT
CO-CURRICULAR REQUEST
HIGH SCHOOL ACTIVITIES**

**Return To:
Upper Adams School District
Attention: Mrs. Candy Bretzman
District Office
161 North Main Street
Biglerville, PA 17307
(Due March 15th)**

Date _____

Student's Name _____ Grade _____

Supervisor _____

Address _____

Phone Number _____ E-Mail _____

Please contact the school periodically to identify the specific schedule for activities listed.

☐ Student is interested in participating in some school activities over the course of the year.



**UPPER ADAMS SCHOOL DISTRICT
HOMESCHOOLING EVALUATION**

_____ School Year

(To be completed by Certified Evaluator)

Student's Name: _____

Supervisor's Name: _____

Grade Completed During School Year: _____

I have conducted an evaluation of the home education program for _____ . The student has received instruction for the required number of days in all of the subjects mandated by Act 169 of 1988. Based on the review of the portfolio and my interview with the student, I have determined that the student has made progress in all subject areas and that an appropriate home education is being conducted.

Portfolio Includes:

- _____ Log of Curriculum Materials Used
- _____ Daily Attendance Log with Evidence Of 180 Days Of Instruction
- _____ Included Samples of Writings, Worksheets, Workbooks, & Creative Materials Used/Developed by The Student

Evaluator's Name (printed): _____

Evaluator's Signature: _____

Evaluator's PPID (PDE) Number: _____

Date of Evaluation: _____

Supervisor's Signature: _____

