



Eastern Lancaster County
School District

Home Education Forms

RE: Homeschooling Approval Procedure

To enroll into the homeschooling program in Eastern Lancaster County School District you must provide the following for District approval:

PRIOR TO THE START OF THE NEW 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 a child is entering 6th or 11th Grade, evidence of up-to-date Health/Medical Services or religious exemption documentation must be submitted.
- If a 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 the 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.

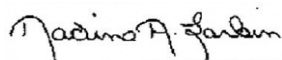
END OF THE SCHOOL YEAR:

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 home 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 end of the school year are due by June 30.*

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 to home school program and Grades 6 & 11.
- ☐ **Dental Services** or religious exemption documentation upon entering to home school program and Grades 3 & 7.
- ☐ **Special Education Program** approval is required if a child with a disability involved in home schooling. 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 30th – 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

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 (Tdap) 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.

The vaccines required for entrance, 7th grade and 12th grade continue to be required in each succeeding school year.

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)

_____, Student previously enrolled at _____
(phone number) (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 educational 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 | e. German Measles (Rubella) |
| b. Tetanus | f. Mumps |
| c. Poliomyelitis | g. Hepatitis B |
| d. Measles (Rubeola) | h. Chickenpox (varicella) or evidence of immunity |

(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.

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 911, 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
(name of student)

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 290 I (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 630 I (a)(I) (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, Devise and Cosmetic Act."
 (3) An out-of-state or federal offense similar in nature to those crimes listed in clauses (I) and (2).

(Supervisor sign in presence of Notary)

Sworn to and Subscribed before me this

Attachments:

Education objectives by subject matter, Evidence of _____ day of _____, 20____
 Immunization (initial entrance), Evidence of Health & Medical My commission expires _____.
 Services (initial entrance, Grades 6 & 11; Dentals - initial entrance, Grades 3 & 7)

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
(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)
_____, Student previously enrolled at _____
(phone number) (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 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 educational 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
 - b. Tetanus
 - c. Poliomyelitis
 - d. Measles (Rubeola)
 - 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>)

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.

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 911, 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
(name of student)

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 290 I (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 630 I (a)(I) (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, Devise and Cosmetic Act."

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

Signed and notarized

(Supervisor sign in presence of Notary)

Sworn to and Subscribed before me this

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)

_____ day of _____, 20____
My commission expires _____.



Eastern Lancaster County School District Health Services

Homeschool School
669 E Main St., New Holland, PA 17557
Phone: (717) 354-1559 Nurse Fax: (717) 354-1166

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, or if there is none in the school health record.** 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/she 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.

Any exam dated one year prior to the first day of the required year will satisfy this requirement.

EASTERN LANCASTER COUNTY SCHOOL DISTRICT HEALTH SERVICES

FAMILY DENTIST REPORT

NAME OF CHILD: _____ DATE OF BIRTH: _____

SCHOOL: _____ GRADE: _____ HR: _____ GENDER: _____

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

Signature: _____ D.D.S./D.M.D.

Printed Name _____

Phone: _____

Address or Stamp with address



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
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 _____		
2. Ever stayed more than one night in the hospital?		
3. Ever had surgery?		
4. Ever had a seizure?		
5. Had a history of being born without or is missing a kidney, an eye, a testicle (males), spleen, or any other organ?		
6. Ever become ill while exercising in the heat?		
7. Had frequent muscle cramps when exercising?		
HEAD/NECK/SPINE: <i>Has the student...</i>	YES	NO
8. Had headaches with exercise?		
9. Ever had a head injury or concussion?		
10. Ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
11. Ever had numbness, tingling, or weakness in his/her arms or legs after being hit or falling?		
12. Ever been unable to move arms or legs after being hit or falling?		
13. Noticed or been told he/she has a curved spine or scoliosis?		
14. Had any problem with his/her eyes (vision) or had a history of an eye injury?		
15. Been prescribed glasses or contact lenses?		
HEART/LUNGS: <i>Has the student...</i>	YES	NO
16. Ever used an inhaler or taken asthma medicine?		
17. Ever had the doctor say he/she has a heart problem? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> Heart murmur or heart infection <input type="checkbox"/> High cholesterol <input type="checkbox"/> Kawasaki disease <input type="checkbox"/> Other: _____		
18. Been told by the doctor to have a heart test? (For example, ECG/EKG, echocardiogram)?		
19. Had a cough, wheeze, difficulty breathing, shortness of breath or felt lightheaded DURING or AFTER exercise?		
20. Had discomfort, pain, tightness or chest pressure during exercise?		
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?		

GENITOURINARY: <i>Has the student...</i>	YES	NO
29. Had groin pain or a painful bulge or hernia in the groin area?		
30. Had a history of urinary tract infections or bedwetting?		
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: _____		
DENTAL:	YES	NO
32. Has the student had any pain or problems with his/her gums or teeth?		
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		
SOCIAL/LEARNING: <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.?		
35. Been bullied or experienced bullying behavior?		
36. Experienced major grief, trauma, or other significant life event?		
37. Exhibited significant changes in behavior, social relationships, grades, eating or sleeping habits; withdrawn from family or friends?		
38. Been worried, sad, upset, or angry much of the time?		
39. Shown a general loss of energy, motivation, interest or enthusiasm?		
40. Had concerns about weight; been trying to gain or lose weight or received a recommendation to gain or lose weight?		
41. Used (or currently uses) tobacco, alcohol, or drugs?		
FAMILY HEALTH:	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: _____		
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: _____		
44. Has any family member had unexplained fainting, unexplained seizures, or experienced a near drowning?		
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)?		
QUESTIONS OR CONCERNS	YES	NO
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.)		

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 <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

Print name of examiner _____

Print examiner's office address _____ Phone _____

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)					

[illegible]



Book	Policy Manual
Section	100 Programs
Title	Home Education Programs
Code	137
Status	Active
Adopted	August 16, 2010
Last Revised	August 17, 2020

Authority

Home education programs for learners of compulsory school age residing in the School District shall be conducted in accordance with state law and regulations. [\[1\]](#)[\[2\]](#)[\[3\]](#)

Definitions

Appropriate education - a program consisting of instruction in the required subjects for the time required by law and in which the learner 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.

Delegation of Responsibility

The Superintendent or designee shall develop and distribute administrative regulations for registering and monitoring home education programs.

Guidelines

Notarized Affidavit

Prior to the commencement of the home education program, and annually thereafter on August 1, the parent/guardian or other person having legal custody of the child or children shall file a notarized affidavit with the Superintendent or designee setting forth the information required by law. [\[2\]](#)

Instructional Program

The instructional program for home education learners shall include such courses as required by law. [\[2\]](#)

Loan of Instructional Materials

At the request of the supervisor, the District shall lend to the home education program copies of the school's planned courses, textbooks and curriculum materials appropriate to the learner's age and grade level. [\[2\]](#)

Learner Portfolio and Evaluations

For each learner participating in the home education program, the supervisor shall:[2]

1. Maintain a portfolio of records and materials.
2. Provide an annual written evaluation of the learner's educational progress.

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; and two (2) years of arts and humanities.[2]

Diplomas

Learners who complete all of the graduation requirements of the home education program shall receive a high school diploma issued by the supervisor or an approved diploma-granting organization.[2]

Learners With Disabilities

A home education program meets compulsory attendance requirements for a learner with a disability only when the program addresses the specific needs of the learner and is approved by a teacher with a valid Pennsylvania certificate to teach special education, a licensed clinical psychologist or a 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 learner with a disability.[1]

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 District schools or in a private school licensed to provide such programs and services.[1]

Appropriate Education/Compliance Determination

A home education evaluator shall certify that an appropriate education is occurring in the home education program. The supervisor shall submit the certification to the Superintendent or designee by June 30 of each year. If the supervisor fails to submit the certification, the Superintendent or designee shall send a letter to the supervisor notifying the supervisor that s/he has ten (10) days to submit the certification.[2]

If the Superintendent or designee has a reasonable belief at any time during the school year that appropriate education may not be occurring in the home education program, s/he may submit a letter to the supervisor requiring an evaluation be conducted and that an evaluator's certification stating that an appropriate education is occurring be submitted to the District by the supervisor within thirty (30) days. The letter shall include the basis for the Superintendent's or designee's reasonable belief.[2]

If the Superintendent or designee has a reasonable belief that the home education program is out of compliance, s/he shall submit a letter to the supervisor requiring a certification be submitted within thirty (30) days indicating the program is in compliance. The letter shall include the basis for the Superintendent's or designee's reasonable belief.[2]

As required by law, all letters shall be sent by certified mail, return receipt requested, and the time for submission of the requested documentation begins upon receipt of the letter.[2]

Hearings

If the supervisor fails to submit a certification as required, the Board shall provide a hearing by a qualified and impartial hearing examiner within thirty (30) days.[2]

If the hearing examiner finds that an appropriate education is not taking place in the home education program, the home education program will be determined out of compliance; and the learner will be enrolled promptly in a District school, a nonpublic school or a licensed private academic school.[\[2\]](#)

Appeal

The supervisor or Superintendent or designee may appeal the decision of the hearing examiner to the Secretary of Education, Commonwealth Court or Court of Common Pleas. The home education program may continue during the appeals process.[\[2\]](#)

Transfers

If a home education program is relocating to another Pennsylvania school district, the supervisor must request from the Superintendent or designee a letter of transfer for the home education program. The request must be made by registered mail thirty (30) days prior to relocation.[\[2\]](#)

The Superintendent or designee shall issue the letter of transfer within thirty (30) days after receipt of the supervisor's registered mail request.[\[2\]](#)

The supervisor shall file the letter of transfer with the Superintendent of the new District of residence.[\[2\]](#)

If a home education program is out of compliance, the Superintendent or designee shall inform the home education supervisor and Superintendent of the new District of residence of this status and the reason for denial of the transfer letter.[\[2\]](#)

If a home education program is in hearing procedures, the Superintendent or designee shall inform the home education supervisor, hearing examiner and Superintendent of the new District of residence of this status and the reason for denial of the transfer letter.[\[2\]](#)

If the Superintendent or designee is informed of pending proceedings related to a home education program relocating to the District, s/he shall continue the home education program until the appeal process is finalized.[\[2\]](#)

Legal

[1. 24 P.S. 1327](#)

[2. 24 P.S. 1327.1](#)

[3. 22 PA Code 11.31a](#)

[24 P.S. 111](#)

[22 PA Code 11.33](#)

Pol. 203

Pol. 209



Book	Policy Manual
Section	100 Programs
Title	Extracurricular Participation by Home Education Students
Code	137.1
Status	Active
Adopted	November 21, 2022

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, including, as applicable, Junior Reserve Officers' Training Corps (JROTC) units.[\[6\]](#)

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.[\[5\]](#)[\[7\]](#)

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.[\[3\]](#)[\[4\]](#)[\[8\]](#)

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.[\[7\]](#)
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. 10 U.S.C. 2031](#)
 7. Pol. 204
 8. Pol. 218



Book	Policy Manual
Section	100 Programs
Title	Participation in Cocurricular Activities and Academic Courses by Home Education Students
Code	137.2
Status	Active
Adopted	May 15, 2023

Authority

The Board approves participation in the District's cocurricular activities and academic courses by a student enrolled in a home education program who meets all the requirements stated in law and Board policy.[\[1\]](#)[\[2\]](#)[\[3\]](#)[\[4\]](#)[\[5\]](#)

Definition

Cocurricular activities - District activities that merge extracurricular activities with a required academic course, including but not limited to, band, orchestra and other activities that include a for-credit component that takes place during the school day.[\[1\]](#)[\[2\]](#)[\[4\]](#)

Guidelines

Students attending home education programs shall be given an equal opportunity to compete for positions and participate in District cocurricular activities and academic courses in accordance with Board policy on the same basis as other students enrolled full-time in the District.[\[1\]](#)[\[6\]](#)[\[7\]](#)

A home education student may participate in cocurricular activities and academic courses only at the school building the student would be assigned to if the student was enrolled in the District.

Prior to trying-out or auditioning for a cocurricular activity or enrolling in an academic course, a home education student shall submit required documents and written verification of eligibility or completion of prerequisites to the building principal or designee. Verification may include, but not be limited to, attendance records, portfolio records documenting completion of curriculum or other documents demonstrating completion of eligibility criteria.[\[1\]](#)

The following conditions shall govern participation in the District's cocurricular activities and academic courses by home education students, who shall:

1. Be a resident of the District.
2. Meet the required eligibility criteria or their equivalent for the cocurricular activity or the prerequisites for the academic course.[\[1\]](#)[\[2\]](#)[\[9\]](#)
3. Comply with Board policies and school rules and administrative regulations regarding student conduct in school and at school-sponsored activities.[\[1\]](#)[\[2\]](#)[\[10\]](#)[\[11\]](#)[\[12\]](#)[\[13\]](#)
4. Comply with policies, rules and regulations, or their equivalent, of the cocurricular activity's governing organization, where applicable.
5. Meet attendance and reporting requirements established for all participants of the cocurricular activity or academic course, including any sign-in and sign-out procedures for school building

attendance purposes. Home education students must participate in the full class period for an academic course, unless an exception has been granted in accordance with Board policy and school rules.[14]

6. Comply with all Board policies, school rules and requirements and directives of the District staff, activity advisors and administrators involved with the cocurricular activity or academic course.[1]

Academic Courses

Students attending home education programs are eligible to enroll in District academic courses in accordance with law and Board policy, and may participate in academic courses equaling up to one-quarter (¼) of the school day for full-time District students.[1]

Students enrolled in home education programs shall only be eligible to participate in cocurricular activities and/or academic courses that are scheduled in consecutive time periods during the school day if the student's parent/guardian is not able to provide supervision for the student between the scheduled cocurricular activities and/or academic courses.[1]

The District shall provide the student's home education program supervisor with a grade for each cocurricular activity and academic course completed by a student enrolled in a home education program, in accordance with Board policy and administrative regulations. The home education program supervisor shall be responsible for maintaining the material in the student's portfolio of records.[1][3][15]

Transportation

Parents/Guardians of home education students shall be responsible for transportation of students participating in District cocurricular activities and academic courses, except that a home education student may utilize District transportation to or from school during the times a bus is otherwise already operating, and space is available.[1]

Delegation of Responsibility

The Superintendent or designee shall post information regarding the District's cocurricular activities and academic courses, as well as a copy of this Board policy, on the District's publicly available website and provide participation information upon request by students enrolled in home education programs or their parents/guardians.

The building principal or designee shall request and review verification from the parent/guardian or home education program supervisor that a student has met and continues to meet the established eligibility criteria for a cocurricular activity or academic course.

Legal [1. 24 P.S. 1327.1](#)

2. Pol. 122

3. Pol. 137

4. Pol. 137.1

5. Pol. 137.3

6. Pol. 103

7. Pol. 103.1

[8. 10 U.S.C. 2031](#)

9. Pol. 105

10. Pol. 218

11. Pol. 222

- 12. Pol. 227
- 13. Pol. 235
- 14. Pol. 204
- 15. Pol. 212