

SCHUYLKILL VALLEY SCHOOL DISTRICT
Leesport, PA 19533

AFFIDAVIT OF THE SUPERVISOR OF A HOME EDUCATION PROGRAM

Elementary – School Age Student

To the superintendent of the Schuylkill Valley School District,

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

custodian of _____,
(Name of student)

(Date of birth)

(Age)

(Grade Level)

that I am the supervisor of the home education program and that I have earned a high school diploma or its equivalent, evidence of which is attached. The program will be conducted at:

(Address and zip code)

The phone number at this site is _____.
(Phone Number)

2. I attest that the Home Education Program will be in compliance with the Public School Code.
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: 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. Other courses may be included at the discretion of the supervisor.
5. I attest that the education objectives in the home schooling program are by subject area as attached to this affidavit. **(Attach Objectives)**
6. I attest that _____ has been immunized against the following
(Name of student)
diseases and I have attached evidence thereof. **(Attach immunization records)**
 - a. Diptheria
 - b. Tetanus
 - c. Poliomyelitis
 - d. Measles (Rubeola)
 - e. German Measles (Rubella)
 - f. Mumps
7. I attest that _____ has received the health and medical
(Name of student)
services required by Article XIV of the Public School Code. 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, a

hearing test, a measurement of height and weight, tests for tuberculosis under medical supervision and other tests required by the Advisory Health Board. Children upon entry into school and in the sixth and eleventh grades must have a medical examination and comprehensive appraisal of health by a physician. Children upon entry into school and in the third and seventh grades must have a dental examination by a dentist. A comprehensive health record shall be maintained for each child. **(Attach medical examination records if applicable)**

8. I attest that the home education program will comply with sections 1327 and 1327.1 of the Public School Code.
9. I attest that no adult living in the home and no person having legal custody of

_____ has been convicted within five years of today
(name of student)
of any of the following offenses under Title 18 of the Pennsylvania Consolidated Statutes:

- Chapter 25 (relating to criminal homicide)
- Section 2702 (relating to aggravated assault)
- Section 2901 (relating to kidnapping)
- Section 2902 (relating to unlawful restraint)
- Section 3121 (relating to rape)
- Section 3122 (relating to statutory rape)
- Section 3123 (relating to involuntary deviate sexual intercourse)
- Section 3126 (relating to indecent assault)
- Section 3127 (relating to indecent exposure)
- Section 4303 (relating to concealing death of a child born out of wedlock)
- Section 4304 (relating to endangering welfare of children)
- Section 4305 (relating to dealing in infant children)
- Section 5902 [b] – a felony offense (relating to prostitution and related offenses)
- Section 5903 [c] or [d] (relating to obscene and other sexual materials)
- Section 6301 (relating to corruption of minors)
- Section 6312 (relating to sexual abuse of children)

Supervisor's Signature

Attachments:

- Evidence of a high school diploma or equivalent
- Education objectives by subject matter
- Evidence of immunization
- Evidence of Health and Medical Services
- Evidence of notarized Affidavit of Home Education Program (must be notarized before being submitted to the Schuylkill Valley School District for approval)

Sworn and subscribed before me, this

_____ day of _____

_____ A.D.

(SEAL)