

BANGOR AREA SCHOOL DISTRICT

No. 137-AR-2
ADMINISTRATIVE REGULATION
Last reviewed on November 22, 2019

137-AR-2. AFFIDAVIT OF SUPERVISOR OF HOME EDUCATION PROGRAM - ELEMENTARY

To the Superintendent of the _____ School District:
(Name of School District)

1. I attest that I _____ am the parent, guardian, or legal custodian of
(Name of Supervisor)
_____, that I am the supervisor of the home education program and
(Name and Age of Student(s))
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
_____. The phone number at this site is _____.
(Address) (Phone Number)
2. I attest that the home education program will comply with Section 13-1327.1 of Pennsylvania Statutes Annotated.
3. I attest that the subjects listed in paragraph 4 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 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.
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
(Student Name(s))
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 (Rubeola).
 - e. German Measles (Rubella).
 - f. Mumps.
 - g. Hepatitis B.
 - h. Varicella (Chickenpox).
 - i. Tetanus and diphtheria toxoid and acellular pertussis (TdaP) - required in the beginning of 7th grade or when the child turns twelve (12).
 - j. Meningococcal Conjugate Vaccine (MCV) - required in the beginning of 7th grade or when the child turns twelve (12).

7. I attest that _____ has received the health and medical services
 (Student Name(s))
 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, 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 6th and 11th grades, must have a medical examination and comprehensive appraisal of health by a physician. Children, upon entry into 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, or any person having legal custody of _____ has been convicted of any of the following offenses under
 (Student Name(s))
 Section 111 of the Public School Code:

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 a minor).
Section 6319 (relating to solicitation of minors to traffic drugs).	Section 6320 (relating to sexual exploitation of children).
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".	
An out-of-state or federal offense similar in nature to those crimes listed in clauses (1) and (2).	

FORM OF AFFIDAVIT

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF _____

Before me, the undersigned notary public, personally appeared _____ (name(s),

_____ (address), to me known or proven,

who being duly sworn according to law, doth depose and say:

- I/We assume(s) responsibility for notifying the Bangor Area School District should the described circumstances change.

- I/We understand that the statements made herein are subject to the provisions of the Pennsylvania Criminal Code regarding perjury, unsworn falsifications to authorities, fraud, and any applicable offenses.
- I/We am/are aware that the facts as stated are subject to investigation, and should it be determined that the statements are not true, either now or in the future, his/her child(ren) will be immediately reassigned to a neighborhood school based on their verified home address.
- The Bangor Area School District may formally submit my/our name(s) to the Northampton County District Attorney’s Office for investigation for applicable offenses.
- I/We verify that the statements made herein are true and correct based upon his/her personal knowledge and understands that if this affidavit is violated, the District may pursue civil and/or criminal proceedings and further deponent sayeth not.

Signature of Affiant

Signature of Affiant

Sworn to and subscribed before me this _____ day of _____ 20____

Notary Public



Attachments: Education objectives by subject matter
 Evidence of immunization
 Evidence of health and medical services