

**WEST CHESTER AREA SCHOOL DISTRICT**

**AFFIDAVIT OF THE SUPERVISOR OF A HOME EDUCATION PROGRAM**

The compulsory education section of the Pennsylvania School Code states:

It is the policy of the Commonwealth to preserve the primary right of the parent or parents, or person or persons in *loco parentis* to a child, to choose the education and training for such child.

Date: \_\_\_\_\_

School District of Residence: \_\_\_\_\_

I attest that I am a parent or guardian or other person having legal custody of the child or children listed below, that I am responsible for the provision of instruction in their home education program in which the following courses are offered in the English language for a minimum of one hundred eighty (180) days of instruction or a minimum of nine hundred (900) hours of instruction at the elementary school level or nine hundred ninety (990) hours of instruction at the secondary level, and that the home education program is otherwise in compliance with the provisions of the Public School Code:

At the **ELEMENTARY SCHOOL LEVEL** the following courses shall be taken: English, to include spelling, reading, and writing; arithmetic; science; geography; history of the United States and Pennsylvania; civics; safety education, including regular and continuous instruction in the dangers and prevention of fires; health and physiology; physical education; music; and art.

At the **SECONDARY SCHOOL LEVEL** the following courses shall be taken: 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.

I also certify that I have a high school diploma or its equivalent and that the supervisor, all adults living in the home, and persons having legal custody of a child or children in the home education program have not been convicted, within five (5) years immediately preceding the date of the affidavit, of the criminal offenses enumerated in subsection (E) of section 111 of the school code. These offenses relate to criminal homicide, aggravated assault, kidnapping, unlawful restraint, rape, statutory rape, involuntary deviate sexual intercourse, indecent assault, indecent exposure, concealing a death of a child born out of wedlock, corruption of minors, and sexual abuse of children. They also include felony offenses relating to prostitution and related offenses, and felony offenses relating to obscene and other sexual materials.

APPROVED \_\_\_\_\_ DATE \_\_\_\_\_

**WEST CHESTER AREA SCHOOL DISTRICT**

**Attached to this affidavit is:**

1. An outline of proposed education objectives by subject area.
2. Evidence that each child has been immunized or has a religious or medical exemption from immunizations in accordance with the provisions of section 1303(A) of the school code, and has received the health and medical services required for students of the child’s age or grade level or has a religious exemption from those health and medical services in accordance with the provisions of Article XIV of the school code.
3. If a child in the home education program has been identified pursuant to the provisions of the education of the handicapped act as needing special education services, excluding those students identified as gifted or talented, then also attached is a written notification of approval from a Pennsylvania certified special education teacher, or a licensed clinical psychologist, or a certified school psychologist that this program addresses the specific needs of the student.
4. Proof of Residency: Agreement of Sale – residence in WCASD  
Valid PA Driver’s License with residence in WCASD  
Current Lease Agreement – rental in WCASD  
Public Utility Bill – in the name of the parent/guardian indicating the residence/rental in WCASD

Name of Supervisor of Home Education Program \_\_\_\_\_

Address of Program \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number of Home Education Program \_\_\_\_\_

Are you new to the District? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you new to Home Education Program? Yes \_\_\_\_\_ No \_\_\_\_\_

Is your child currently receiving special education? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you think your child may have learning problems? Yes \_\_\_\_\_ No \_\_\_\_\_

Please provide the following information for each child participating in the Home Schooling Program:

Child’s Name	Birth Date	Grade	Age	District School Child Would Attend
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Signature of Supervisor of Home Education Program \_\_\_\_\_

**NOTARIZATION:**

**File with Superintendent,  
School District of Residence,  
prior to commencement of the  
Home Education Program and annually  
thereafter on August 1<sup>st</sup>.**