# AFFIDAVIT OF THE SUPERVISOR OF A HOME EDUCATION PROGRAM
## Elementary and Secondary – School Age Student(s)

**Date:** _____

To the Superintendent of the Eastern Lebanon County School District:

1. I attest that I _____ , am a parent, guardian or legal custodian of:

| Student Name: | Date of Birth | Age (as of Sept. 1) | Grade | Gender | Race | Hispanic Y/N? |
|---|---|---|---|---|---|---|
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that 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)*

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

**ELEMENTARY (Grades K-6):** I attest that the subjects listed in the paragraph 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.

**SECONDARY (Grades 7-12):** I attest that the subjects listed in the paragraph below will be offered in the English language for a minimum of 180 days of instruction or a minimum of 990 hours.

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 Chapter 5 (Curriculum Requirements) of the State Board of Education. [PDE note: Chapter 5 has been repealed and replaced with Chapter 4.]

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

4. I attest that _____ has received
*Student Name(s)*
the health and medical services required by Article XIV of the Public School Code, and I have **attached evidence** thereof or has a religious exemption under §14-1419 of PA 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 (K or later) and 6th 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.

5. I attest that _____
*Student Name(s)*
has been immunized against the following diseases and I have **attached evidence** thereof or said student(s) 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)*

6. I attest that no adult living in the home, including the undersigned supervisor, and no person having legal custody of _____
*Student Name(s)*
has 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 PA Consolidated Statutes:

| | | |
|---|---|---|
| Chapter 25 (relating to criminal homicide). | | Section 3127 (relating to indecent exposure). |
| Section 2702 (relating to aggravated assault). | | Section 3129 (relating to sexual intercourse with animal). |
| Section 2709.1 (relating to stalking). | | Section 4302 (relating to incest). |
| Section 2901 (relating to kidnapping). | | Section 4303 (relating to concealing death of child). |
| Section 2902 (relating to unlawful restraint). | | Section 4304 (relating to endangering welfare of children). |
| Section 2910 (relating to luring a child into a motor vehicle or structure). | | Section 4305 (relating to dealing in infant children). |
| Section 3121 (relating to rape). | | A felony offense under section 5902(b) (relating to prostitution and related offenses). |
| Section 3122.1 (relating to statutory sexual assault). | | Section 5903(c) or (d) (relating to obscene and other sexual materials and performances). |
| Section 3123 (relating to involuntary deviate sexual intercourse). | | Section 6301(a)(1) (relating to corruption of minors). |
| Section 3124.1 (relating to sexual assault). | | Section 6312 (relating to sexual abuse of children). |
| Section 3124.2 (relating to institutional sexual assault). | | Section 6318 (relating to unlawful contact with minor). |
| Section 3125 (relating to aggravated indecent assault). | | Section 6319 (relating to solicitation of minors to traffic drugs). |
| Section 3126 (relating to indecent assault). | | 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).

_____ _____
*(Supervisor's Signature)* *(Date)*

**I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the foregoing is true and correct.**

Signed on the _____ day of _____, _____, at
(date) (month) (year)
_____, _____.
(city, county or other location, and state) (country)

_____ _____
(Printed name) (Signature)

**Attachments**: (1) Education objectives by subject matter, (2) Evidence of immunization, (3) Evidence of Health and Medical Services

To be filed with the ELCO School District, 180 ELCO Drive, Myerstown, PA 17067
prior to the commencement of the Home Education Program, and annually thereafter by August 1st.

*To be completed for each student.

Name _____ Birthdate _____

Address _____ Parent or Guardian _____

_____ Telephone _____

Race/Ethnicity: ☐ White ☐ Black ☐ Asian or Pacific Islander ☐ American Indian or Alaskan Native

Hispanic Origin: ☐ Yes ☐ No

Please Circle Present Grade K 1 2 3 4 5 6 7 8 9 10 11 12 Other _____

## PENNSYLVANIA DEPARTMENT OF HEALTH – CERTIFICATE OF IMMUNIZATION

| VACCINE Circle appropriate item | Enter Month, Day, and Year Each Immunization Was Given DOSES | | | | |
|---|---|---|---|---|---|
| Diphtheria and Tetanus (DTaP, DTP, Td or DT) | 1 / / | 2 / / | 3 / / | 4 / / | 5 / / |
| Tetanus, Diphtheria and Acellular Pertussis (Tdap) | 1 / / | 2 / / | 3 / / | 4 / / | 5 / / |
| Polio (OPV or IPV) | 1 / / | 2 / / | 3 / / | 4 / / | 5 / / |
| Hepatitis B | 1 / / | 2 / / | 3 / / | 4 / / | 5 / / |
| Measles - Mumps - Rubella (MMR) | 1 / / | 2 / / | or Measles Serology Date | | Titer |
| Varicella (Vaccine or Disease) | 1 / / | 2 / / | Rubella Serology Date | | Titer |
| Meningococcal (MCV) | 1 / / | 2 / / | | | |
| Other | 1 / / | 2 / / | Mumps disease diagnosed by a physician: Date | | |

Age appropriate dose of MCV and Tdap are required for entry into 7th grade.

H502.320 Rev. 12/05

Name _____ Birthdate _____

Address _____ Parent or Guardian _____

_____ Telephone _____

Please Circle Present Grade K 1 2 3 4 5 6 7 8 9 10 11 12 Other _____

## STATEMENT OF EXEMPTION TO IMMUNIZATION LAW

### MEDICAL EXEMPTION

The physical condition of the above-named child is such that immunization would endanger life or health.

Signed _____ Date _____
(PHYSICIAN)

### RELIGIOUS EXEMPTION

(Includes a strong moral or ethical conviction similar to a religious belief.)

Parent or guardian of the above-named child adheres to a religious belief whose teachings are opposed to such immunizations.

State your reason for requesting a religious exemption _____

_____

_____

Signed _____ Date _____
(PARENT OR GUARDIAN)

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