

Student ID#: _____

PARKLAND SCHOOL DISTRICT HOME EDUCATION CHECKLIST

STUDENT _____ DATE OF BIRTH _____.

PROGRAM SUPERVISOR NAME _____ PHONE _____.

ADDRESS _____.

E-Mail Address (PRINT) _____.

REQUIREMENTS: To Begin the Program	K	1	2	3	4	5	6	7	8	9	10	11	12	
Notarized Affidavit or Unsworn Declaration														
<i>Educational Objective – (K-8)</i>														
English/Read/Write/Spell														
Arithmetic														
Science														
Geography														
History of US/PA/Civics														
Health														
Safety Education														
Physical Education														
Art														
Music														
<i>Educational Objectives – (9-12)</i>														
English, 4 years														
Math, 3 years														
Science, 3 years														
Social Studies, 3 years														
Art/Humanities, 2 yrs.														
Health Services														
Immunization at entrance (or exemption)														
Exceptional Student Program Approved, *1														

REQUIREMENTS To complete program	K	1	2	3	4	5	6	7	8	9	10	11	12
Third Party Evaluator's letter													
Standardized Testing (3,5,8) * 2													
<i>Health Services(end/program year)</i>													
Physical Exam (K or 1,6,11)													

*1. Learning Support/IEP students only.

*2. Home Education Students may participate in the district standardized testing program – contact the counselor at the school your child would attend if enrolled in Parkland.

If you wish to borrow books or material from the district, you should make that request to the school you would attend if enrolled in Parkland.