

Attached:

1. An outline of proposed education objectives by subject area for the _____ school year.
2. Evidence that each child has been immunized or has a religious or medical exemption from immunizations.
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 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.

Name of the Supervisor of Home Education Program _____

Address of Home Education Program Site _____

City _____ State _____ ZIP _____

Phone number of the Home Education Program Site _____

Name and birth date of each child who shall participate in the Program:

| | | |
|------|---------------|-------|
| Name | Date of Birth | Grade |
|------|---------------|-------|

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|------|---------------|-------|
| Name | Date of Birth | Grade |
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| Name | Date of Birth | Grade |
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| Name | Date of Birth | Grade |
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| Name | Date of Birth | Grade |
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Signature _____
Signature of Supervisor of Home Education Program

Subscribed and sworn before me this day _____
Date

NOTARIZATION: File with the superintendent of the school district of residence prior to commencement of the Home Education Program and annually thereafter on August 1.

Notary Public