Penn Hills School District
Home Education Program
Verification of Student Health Services
(This Form should be attached to the Home School Affidavit *Each* Year)

To be completed by Parent or Guardian

Attached Affidavit is For School Year 20_____ to 20_____ for Grade _____

Student Name _____

Supervisor (Parent or Guardian) _____ Daytime Telephone No. _____

Address _____

_____

To Be completed by Health Care Service Provider

(Either Penn Hills School District Health Care Worker or Private Physician or Dentist)

As required by the Pennsylvania School Code:

_____ **Immunizations** are current and up to date in accordance with Pennsylvania law and regulations of the Secretary of Health (24 P.S. 13-1303a and 23 PA Code 23.83-84

_____ Student has received an **annual Hearing Test.**

_____ Student has received an **annual Vision Test.**

_____ Student has been **measured and weighed** this year.

As required by the Pennsylvania School Code for students of the child's age or grade level, the student has received:

A Comprehensive Medical Examination/Appraisal (Please check appropriate line)

_____ At the **beginning** of the Home School Program

_____ In **Sixth Grade** (or within four months of entering 6th Grade)

_____ In **Eleventh Grade** (or within four months of entering 11th Grade)

Dental Services (Please check appropriate line)

_____ When **beginning** the Home School Program

_____ While enrolled in **Third Grade**

_____ While enrolled in **Seventh Grade**

The Health Services were provided by

Private Physician or Dentist

Name: _____

Address: _____

_____

_____

Tel. No. _____

PHSD Health Care Personnel

Name: _____

Check Appropriate Bldg.

___ Forbes ___ Linton
___ Penn Hebron ___ PHHS
___ Washington

_____ _____

Signature of Health Care Provider **Date**

pennsylvania
DEPARTMENT OF HEALTH

Bureau of Community Health Systems
Division of School Health

Private or School PHYSICAL EXAMINATION OF SCHOOL AGE STUDENT

PARENT / GUARDIAN / STUDENT:
Complete page one of this form before student's exam. Take completed form to appointment.

Student's name _____ Today's date _____

Date of birth _____ Age at time of exam _____ Gender: ☐ Male ☐ Female

Medicines and Allergies: Please list all prescription and over-the-counter medicines and supplements (herbal/nutritional) the student is currently taking:

_____

_____

Does the student have any allergies? ☐ No ☐ Yes (If yes, list specific allergy and reaction.)

☐ Medicines ☐ Pollens ☐ Food ☐ Stinging Insects

Complete the following section with a check mark in the YES or NO column; circle questions you do not know the answer to.

GENERAL HEALTH: *Has the student...*	YES	NO
1. Any ongoing medical conditions? If so, please identify ☐ Asthma ☐ Anemia ☐ Diabetes ☐ Infection Other_____		
2. Ever stayed more than one night in the hospital?		
3. Ever had surgery?		
4. Ever had a seizure?		
5. Had a history of being born without or is missing a kidney, an eye, a testicle (males), spleen, or any other organ?		
6. Ever become ill while exercising in the heat?		
7. Had frequent muscle cramps when exercising?		
HEAD/NECK/SPINE: *Has the student...*	**YES**	**NO**
8. Had headaches with exercise?		
9. Ever had a head injury or concussion?		
10. Ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
11. Ever had numbness, tingling, or weakness in his/her arms or legs after being hit or falling?		
12. Ever been unable to move arms or legs after being hit or falling?		
13. Noticed or been told he/she has a curved spine or scoliosis?		
14. Had any problem with his/her eyes (vision) or had a history of an eye injury?		
15. Been prescribed glasses or contact lenses?		
HEART/LUNGS: *Has the student...*	**YES**	**NO**
16. Ever used an inhaler or taken asthma medicine?		
17. Ever had the doctor say he/she has a heart problem? If so, check all that apply: ☐ Heart murmur or heart infection ☐ High blood pressure ☐ Kawasaki disease ☐ High cholesterol ☐ Other:_____		
18. Been told by the doctor to have a heart test? (For example, ECG/EKG, echocardiogram)?		
19. Had a cough, wheeze, difficulty breathing, shortness of breath or felt lightheaded DURING or AFTER exercise?		
20. Had discomfort, pain, tightness or chest pressure during exercise?		
21. Felt his/her heart race or skip beats during exercise?		
BONE/JOINT: *Has the student...*	**YES**	**NO**
22. Had a broken or fractured bone, stress fracture, or dislocated joint?		
23. Had an injury to a muscle, ligament, or tendon?		
24. Had an injury that required a brace, cast, crutches, or orthotics?		
25. Needed an x-ray, MRI, CT scan, injection, or physical therapy following an injury?		
26. Had joints that become painful, swollen, feel warm, or look red?		
SKIN: *Has the student...*	**YES**	**NO**
27. Had any rashes, pressure sores, or other skin problems?		
28. Ever had herpes or a MRSA skin infection?		

GENITOURINARY: *Has the student...*	YES	NO
29. Had groin pain or a painful bulge or hernia in the groin area?		
30. Had a history of urinary tract infections or bedwetting?		
31. **FEMALES ONLY:** Had a menstrual period? ☐ Yes ☐ No If yes: At what age was her first menstrual period? _____ How many periods has she had in the last 12 months? _____ Date of last period: _____		
DENTAL:	**YES**	**NO**
32. Has the student had any pain or problems with his/her gums or teeth?		
33. Name of student's dentist: _____ Last dental visit: ☐ less than 1 year ☐ 1-2 years ☐ greater than 2 years		
SOCIAL/LEARNING: *Has the student...*	**YES**	**NO**
34. Been told he/she has a learning disability, intellectual or developmental disability, cognitive delay, ADD/ADHD, etc.?		
35. Been bullied or experienced bullying behavior?		
36. Experienced major grief, trauma, or other significant life event?		
37. Exhibited significant changes in behavior, social relationships, grades, eating or sleeping habits; withdrawn from family or friends?		
38. Been worried, sad, upset, or angry much of the time?		
39. Shown a general loss of energy, motivation, interest or enthusiasm?		
40. Had concerns about weight; been trying to gain or lose weight or received a recommendation to gain or lose weight?		
41. Used (or currently uses) tobacco, alcohol, or drugs?		
FAMILY HEALTH:	**YES**	**NO**
42. Is there a family history of the following? If so, check all that apply: ☐ Anemia/blood disorders ☐ Asthma/lung problems ☐ Behavioral health issue ☐ Diabetes ☐ Inherited disease/syndrome ☐ Kidney problems ☐ Seizure disorder ☐ Sickle cell trait or disease Other_____		
43. Is there a family history of any of the following heart-related problems? If so, check all that apply: ☐ Brugada syndrome ☐ Cardiomyopathy ☐ High blood pressure ☐ High cholesterol ☐ QT syndrome ☐ Marfan syndrome ☐ Ventricular tachycardia ☐ Other_____		
44. Has any family member had unexplained fainting, unexplained seizures, or experienced a near drowning?		
45. Has any family member / relative died of heart problems before age 50 or had an unexpected / unexplained sudden death before age 50 (includes drowning, unexplained car accidents, sudden infant death syndrome)?		
QUESTIONS OR CONCERNS?	**YES**	**NO**
46. Are there any questions or concerns that the student, parent or guardian would like to discuss with the health care provider? (If yes, write them on page 4 of this form.)		

I hereby certify that to the best of my knowledge all of the information is true and complete. I give my consent for an exchange of health information between the school nurse and health care providers.

Signature of parent / guardian / emancipated student _____ Date _____

Adapted in part from the ***Pre-participation Physical Evaluation History Form***; ©2010 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine.

STUDENT'S HEALTH HISTORY (page 1 of this form) REVIEWED PRIOR TO PERFOMING EXAMINATION: Yes ☐ No ☐

Physical exam for grade: K/1 ☐ 6 ☐ 11 ☐ Other ☐	CHECK ONE: NORMAL	*ABNORMAL	DEFER	*ABNORMAL FINDINGS / RECOMMENDATIONS / REFERRALS
Height: ( ) inches				
Weight: ( ) pounds				
BMI: ( )				
BMI-for-Age Percentile: ( ) %				
Pulse: ( )				
Blood Pressure: (/)				
Hair/Scalp				
Skin				
Eyes/Vision Corrected ☐				
Ears/Hearing				
Nose and Throat				
Teeth and Gingiva				
Lymph Glands				
Heart				
Lungs				
Abdomen				
Genitourinary				
Neuromuscular System				
Extremities				
Spine (Scoliosis)				
Other				

TUBERCULIN TEST	DATE APPLIED	DATE READ	RESULT/FOLLOW-UP

MEDICAL CONDITIONS OR CHRONIC DISEASES WHICH REQUIRE MEDICATION, RESTRICTION OF ACTIVITY, OR WHICH MAY AFFECT EDUCATION

(Additional space on page 4)

Parent/guardian present during exam: Yes ☐ No ☐

Physical exam performed at: Personal Health Care Provider's Office ☐ School ☐ Date of exam_____ 20_____

Print name of examiner _____

Print examiner's office address _____ **Phone** _____

Signature of examiner _____ **MD ☐ DO ☐ PAC ☐ CRNP ☐**

HEALTH CARE PROVIDERS: ***Please photocopy immunization history from student's record – OR – insert information below.***

IMMUNIZATION EXEMPTION(S):

Medical ☐ Date Issued:_____ Reason: _____ Date Rescinded:_____

Medical ☐ Date Issued:_____ Reason: _____ Date Rescinded:_____

Medical ☐ Date Issued:_____ Reason: _____ Date Rescinded:_____

NOTE: The parent/guardian must provide a written request to the school for a religious or philosophical exemption.

VACCINE	DOCUMENT: (1) Type of vaccine; (2) Date (month/day/year) for each immunization				
Diphtheria/Tetanus/Pertussis (child) Type: DTaP, DTP or DT	1	2	3	4	5
Diphtheria/Tetanus/Pertussis (adolescent/adult) Type: Tdap or Td	1	2	3	4	5
Polio Type: OPV or IPV	1	2	3	4	5
Hepatitis B (HepB)	1	2	3	4	5
Measles/Mumps/Rubella (MMR)	1	2	3	4	5
Mumps disease diagnosed by physician ☐	Date:_____				
Varicella: Vaccine ☐ Disease ☐	1	2	3	4	5
Serology: (Identify Antigen/Date/POS or NEG) i.e. Hep B, Measles, Rubella, Varicella	1	2	3	4	5
Meningococcal Conjugate Vaccine (MCV4)	1	2	3	4	5
Human Papilloma Virus (HPV) Type: HPV2 or HPV4	1	2	3	4	5
Influenza Type: TIV (injected) LAIV (nasal)	1	2	3	4	5
	6	7	8	9	10
	11	12	13	14	15
Haemophilus Influenzae Type b (Hib)	1	2	3	4	5
Pneumococcal Conjugate Vaccine (PCV) Type: 7 or 13	1	2	3	4	5
Hepatitis A (HepA)	1	2	3	4	5
Rotavirus	1	2	3	4	5
Other Vaccines: (Type and Date)					

 ADDITIONAL COMMENTS (PARENT / GUARDIAN / STUDENT / HEALTH CARE PROVIDER)

UNSWORN DECLARATION OF THE SUPERVISOR OF A HOME EDUCATION PROGRAM

Secondary - School Age Student

To the superintendent of the _____ School District.
(name of student's school district of residence)

1. I attest that I _____ am the parent, guardian, or legal
(name of supervisor)

custodian of _____, age _____,
(student's full name) (student's age at date of signing)

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 number)

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

3. I attest that the subjects listed in paragraph four below will be offered in the English language for a minimum of 180 days of instruction or a minimum of 990 hours.

4. 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 22 Pa. Code Chapter 4 (Academic Standards and Assessment).

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
(student's full name)

the following diseases, and I have **attached evidence** thereof or I have **attached a letter** stating that said student has a medical or religious exemption pursuant to Section 13-1303a(c) and (d) of Pennsylvania Statutes Annotated:

a. Diphtheria; b. Tetanus; c. Pertussis; d. Poliomyelitis; e. Measles (Rubeola); f. German Measles (Rubella); g. Mumps; h. Hepatitis B; and i. Chickenpox (varicella) or evidence of immunity.

For entry into grade 7, I have received the following immunizations: (1) meningococcal conjugate vaccine (MCV) and (2) tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap). For entry into grade 12 (if applicable), I have received the following immunization: meningococcal conjugate vaccine (MCV) (if the child has not received a previous dose on or after the child's 16th birthday).

7. I attest that _____ has received the health and
(student's full name)
medical services required by Article XIV of the Public School Code, and I have **attached evidence** thereof or I have **attached a letter** stating that said student 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 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 and at 2nd, 3rd, 7th 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.

8. I attest that no adult living in the home, including the undersigned supervisor, and no person having legal custody of _____ has been
(student's full name)
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 Pennsylvania Consolidated Statutes:

   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 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 minor).
Section 6319 (relating to solicitation of minors to traffic drugs).
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).

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 or letter of medical/religious exemption, (3) Evidence of Health and Medical Services or letter of religious exemption.

H514.027 (2/2024)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH

PRIVATE DENTIST REPORT
OF DENTAL EXAMINATION/SCREENING OF A PUPIL OF SCHOOL AGE

NAME OF SCHOOL _____ DATE _____ 20___

NAME OF STUDENT	DATE OF BIRTH	GRADE	SECTION/ROOM
Last First Middle			

ADDRESS

No. and Street City or Post Office Borough/Township County State Zip

REPORT OF EXAMINATION/SCREENING

TOOTH CHART

		RIGHT								LEFT								
UPPER		1	2	3	4 A	5 B	6 C	7 D	8 E	9 F	10 G	11 H	12 I	13 J	14	15	16	Upper
LOWER		32	31	30	29 T	28 S	27 R	26 Q	25 P	24 O	23 N	22 M	21 L	20 K	19	18	17	Lower
EXAM	UPPER																	Upper
	LOWER																	Lower

Untreated Decay: No Yes

Treated Decay: No Yes

Sealants on Permanent Molars No Yes

Treatment Urgency: None Early Urgent

_____
Date

_____
Signature of Dental Provider Print Name of Dental Provider

_____
Address of Dental Provider

AFFIDAVIT OF THE SUPERVISOR OF A HOME EDUCATION PROGRAM

Elementary - School Age Student

To the superintendent of the _____ School District.
(name of student's school district of residence)

1. I attest that I _____ am the parent, guardian, or legal
(name of supervisor)

custodian of _____, age _____,
(student's full name) (student's age at date of signing)

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 number)

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

3. I attest that the subjects listed in paragraph four 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
(student's full name)
the following diseases, and I have **attached evidence** thereof or I have **attached a letter** stating that said student has a medical or religious exemption pursuant to Section 13-1303a(c) and (d) of Pennsylvania Statutes Annotated:

a. Diphtheria; b. Tetanus; c. Pertussis; d. Poliomyelitis; e. Measles (Rubeola); f. German Measles (Rubella); g. Mumps; h. Hepatitis B; and i. Chickenpox (varicella) or evidence of immunity.

7. I attest that _____ has received the health and
(student's full name)
medical services required by Article XIV of the Public School Code, and I have **attached evidence** thereof or I have **attached a letter** stating that said student 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 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 and at 2nd, 3rd, 7th 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.

8. I attest that no adult living in the home, including the undersigned supervisor, and no person having legal custody of _____ has been
(student's full name)
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 Pennsylvania Consolidated Statutes:

   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 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 minor).
Section 6319 (relating to solicitation of minors to traffic drugs).
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).

Signed and Notarized

_____ _____
(Supervisor's Signature) (Date)

Attachments: (1) Education objectives by subject matter, (2) Evidence of immunization or letter of medical/religious exemption, (3) Evidence of Health and Medical Services or letter of religious exemption.

For Notary Public Only: Stamp:

State of _____

County of _____

Signed and sworn to (or affirmed) before me on _____ by _____
(date) (name(s) of individual(s) making statement)

_____ _____
(Signature of notarial officer) (Title of office)

My commission expires: _____

AFFIDAVIT OF THE SUPERVISOR OF A HOME EDUCATION PROGRAM

Secondary - School Age Student

To the superintendent of the _____ School District.
(name of student's school district of residence)

1. I attest that I _____ am the parent, guardian, or legal
(name of supervisor)

custodian of _____, age _____,
(student's full name) (student's age at date of signing)

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 number)

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

3. I attest that the subjects listed in paragraph four below will be offered in the English language for a minimum of 180 days of instruction or a minimum of 990 hours.

4. 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 22 Pa. Code Chapter 4 (Academic Standards and Assessment).

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
(student's full name)

the following diseases, and I have **attached evidence** thereof or I have **attached a letter** stating that said student has a medical or religious exemption pursuant to Section 13-1303a(c) and (d) of Pennsylvania Statutes Annotated:

a. Diphtheria; b. Tetanus; c. Pertussis; d. Poliomyelitis; e. Measles (Rubeola); f. German Measles (Rubella); g. Mumps; h. Hepatitis B; and i. Chickenpox (varicella) or evidence of immunity.

For entry into grade 7, I have received the following immunizations: (1) meningococcal conjugate vaccine (MCV) and (2) tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap). For entry into grade 12 (if applicable), I have received the following immunization: meningococcal conjugate vaccine (MCV) (if the child has not received a previous dose on or after the child's 16th birthday).

7. I attest that _____ has received the health and
(student's full name)
medical services required by Article XIV of the Public School Code, and I have **attached evidence** thereof or I have **attached a letter** stating that said student 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 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 and at 2nd, 3rd, 7th 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.

8. I attest that no adult living in the home, including the undersigned supervisor, and no person having legal custody of _____ has been
(student's full name)
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 Pennsylvania Consolidated Statutes:

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 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 minor).
Section 6319 (relating to solicitation of minors to traffic drugs).
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).

Signed and Notarized

_____ _____
(Supervisor's Signature) (Date)

Attachments: (1) Education objectives by subject matter, (2) Evidence of immunization or letter of medical/religious exemption, (3) Evidence of Health and Medical Services or letter of religious exemption.

For Notary Public Only: Stamp:

State of _____

County of _____

Signed and sworn to (or affirmed) before me on _____ by _____
(date) (name(s) of individual(s) making statement)

_____ _____
(Signature of notarial officer) (Title of office)

My commission expires: _____

UNSWORN DECLARATION OF THE SUPERVISOR OF A HOME EDUCATION PROGRAM

Elementary - School Age Student

To the superintendent of the _____ School District.
(name of student's school district of residence)

1. I attest that I _____ am the parent, guardian, or legal
(name of supervisor)

custodian of _____, age _____,
(student's full name) (student's age at date of signing)

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 number)

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

3. I attest that the subjects listed in paragraph four 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
(student's full name)
the following diseases and I have **attached evidence** thereof or I have **attached a letter** stating that said student has a medical or religious exemption pursuant to Section 13-1303a(c) and (d) of Pennsylvania Statutes Annotated:

a. Diphtheria; b. Tetanus; c. Pertussis d. Poliomyelitis; e. Measles (Rubeola); f. German Measles (Rubella); g. Mumps; h. Hepatitis B; and i. Chickenpox (varicella) or evidence of immunity.

7. I attest that _____ has received the health and
(student's full name)
medical services required by Article XIV of the Public School Code, and I have **attached evidence** thereof or I have **attached a letter** stating that said student 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 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 and at 2nd, 3rd, 7th 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.

8. I attest that no adult living in the home, including the undersigned supervisor, and no person having legal custody of _____ has been
(student's full name)
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 Pennsylvania Consolidated Statutes:

   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 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 minor).
Section 6319 (relating to solicitation of minors to traffic drugs).
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).

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 or letter of medical/religious exemption, (3) Evidence of Health and Medical Services or letter of religious exemption.