

AFFIDAVIT OF SUPERVISOR OF HOME EDUCATION PROGRAM

**Secondary School Age Student**

To the Superintendent of the South Eastern School District:

1. I attest that I, \_\_\_\_\_ am the parent, guardian, or legal custodian of  
(Name of Supervisor)

\_\_\_\_\_, that I am the supervisor of the home education program and  
(Name and Age of Student(s))  
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 the Public School Code.
3. I attest that the subjects listed in paragraph 4 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 Chapter 5 (Curriculum Requirements) of the State Board of Education. [Chapter 5 has been repealed and replaced with Chapter 4.]
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 the following diseases, and I  
(Student Name(s))  
have attached evidence thereof, or said student has a medical or religious exemption pursuant to Section 13-1303a(c) and (d) of the Public School Code:
  - a. Diphtheria.
  - b. Tetanus.
  - c. Poliomyelitis.
  - d. Measles (Rubella).
  - e. German Measles (Rubella).
  - f. Mumps.
  - g. Hepatitis B.
  - h. Varicella (Chickenpox) or evidence of immunity.
  - i. Tetanus and diphtheria toxoid and acellular pertussis (Tdap) (beginning of 7th grade or in the school year when the child turns twelve (12) years old, if in an ungraded class). One (1) dose if five (5) years have elapsed since the last dose of a vaccine containing tetanus and diphtheria.
  - j. Meningococcal Conjugate Vaccine (MCV) (beginning of 7th grade or in the school year when the child turns twelve (12) years old, if in an ungraded class).

(Listed online at <http://www.health.pa.gov/My%20Health/Immunizations/School/Pages/default.aspx>)

7. I attest that \_\_\_\_\_ has received the health and medical services required by  
(Student Name(s))  
Article XIV of the Public School Code, and I have attached evidence thereof, or said student has a religious exemption under Section 14-1419 of the Public School Code.

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 a measurement of height and weight, tests for tuberculosis under medical supervision upon entry into school and 9th grade, and other tests required by the Advisory Health Board. Children, upon entry into 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, upon entry into 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, or any person having legal custody of \_\_\_\_\_ has been convicted within five (5) years immediately preceding  
(Student Name(s))  
today's date, of any of the following offenses under Section 1-111(e) of the Public School Code:

(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 a 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 a 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: Education objectives by subject matter  
Evidence of immunization  
Evidence of health and medical services  
Special education notification (if applicable)