

# AFFIDAVIT OF THE SUPERVISOR OF A HOME EDUCATION PROGRAM

The compulsory education section of the Pennsylvania School Code states:

*It is the policy of the Commonwealth to preserve the primary right of the parent or parents, or person or persons in loco parentis to a child, to choose the education and training for such child.*

Date: \_\_\_\_\_

School District of Residence: \_\_\_\_\_

I attest that I am a parent or guardian of other person having legal custody of the child or children listed below, that I am responsible for the provision of instruction in his/her/their home education program in which the following courses are offered in English language for a minimum of one hundred eighty (180) days of instruction or a minimum of nine hundred (900) hours of instruction at the elementary school level, or nine hundred ninety (990) hours of instruction at the secondary school level, and that the home education program is otherwise in compliance with the provisions of the Public School Code.

At the ELEMENTARY SCHOOL LEVEL the following courses are taught: 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.

At the SECONDARY SCHOOL LEVEL the following courses are offered: 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 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 (curricular requirements) of the State Board of Education.

I also certify that I have a high school diploma or its equivalent and that the supervisor, all adults living in the home and persons having legal custody of a child or children in the home education program have not been convicted, within five years immediately preceding the date of the affidavit, of the criminal offenses enumerated in Subsection (E) of Section 111 of the School Code. These offenses relate to criminal homicide, aggravated assault, kidnapping, unlawful restraint, rape, statutory rape, involuntary deviate sexual intercourse, indecent assault, indecent exposure, concealing a death of child born out of wedlock, endangering welfare of children, dealing in infant children, corruption of minors, and sexual abuse of children. They also include felony offenses relating to prostitution and related offenses, and felony offenses relating to obscene and other sexual materials.

Attached is:

1. An outline of proposed education objective by subject area.

2. Evidence that each child has been immunized or has a religious or medical exemption from immunizations in accordance with the provisions of Section 1303 (A) of the School Code, and has received the health and medical services required for students of the child's age or grade level or has a religious exemption from those health and medical services in accordance with the provisions of Article XIV of the School Code.
3. If a child in the home education program has been identified pursuant to the provision 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 Supervisor of Home Education Program: \_\_\_\_\_

Address of Home Education Program Site: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone Number of Home Education Program Site: \_\_\_\_\_

Name and age of each child who shall participate in the program:

---

---

---

---

---

---

---

---

---

---

Signature of Supervisor  
Of Home Education Program: \_\_\_\_\_

NOTARIZATION:

File with Superintendent, School District of Residence,  
prior to the commencement of the Home Education  
Program, and annually thereafter on August 1<sup>st</sup>.