

AFFIDAVIT OF THE SUPERVISOR OF A HOME EDUCATION PROGRAM

To the superintendent of the Dover Area School District:
(name of school district)

1. I attest that I, _____, am the parent, guardian or legal custodian of (name and age of child(ren)):
(name of supervisor)

(Name Of Child) (DOB - MM/DD/YYYY) / Student's age at time of signing and Grade Level

(Name Of Child) (DOB - MM/DD/YYYY) / Student's age at time of signing and Grade Level

(Name Of Child) (DOB - MM/DD/YYYY) / Student's age at time of signing and Grade Level

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 a high school diploma or its equivalent. The program will be conducted at

(address)

The telephone number at this site is _____ Home Email address _____
(telephone 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 4 below will be offered in the English language for a minimum of 180 days of instruction OR a minimum of the required hours (900 hours for elementary and 990 hours for secondary).

4. I attest that the following subjects will be taught at the elementary school level:

English, to include spelling, reading, and writing; arithmetic; science; geography; civics; history of the United States and Pennsylvania; art; music; physical education; health and physiology; and safety education, including regular and continuous instruction in the dangers and prevention of fires. Other courses may be included at my discretion.

I attest that the following subjects will 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. Other courses may be included at my discretion.

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 the child(ren) named in paragraph 1 has/have been immunized against the following diseases and I have attached evidence thereof or said child(ren) has/have a medical or religious exemption (provide copy of exemption) pursuant to Section 1303(c) and (d) of Pennsylvania Statutes Annotated:

- | | | |
|------------------|-----------------------------|---------------------------|
| a. Diphtheria | d. Measles (Rubeola) | g. Hepatitis B |
| b. Tetanus | e. German Measles (Rubella) | h. Chickenpox (Varicella) |
| c. Poliomyelitis | f. Mumps | |

i. Tdap (Tetanus and diphtheria toxoid and acellular pertussis, for entry into grade 7)

j. MCV (Meningococcal Conjugate Vaccine, for entry into grade 7)

7. I attest that the child(ren) named in paragraph 1 has/have received the health and medical services required by Article XIV of the Public School Code or has/have a religious exemption under Section 14-1419 of Pennsylvania Statutes Annotated. (Provide evidence if applicable)

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, a hearing test, a measurement of height and weight, tests for tuberculosis under medical supervision 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. Children upon entry into school and in the 3rd and 7th grades must have a dental examination by a dentist. (Provide evidence if applicable)

8. I attest that no adult living in the home, including the supervisor, and no person having legal custody of the child(ren) named in paragraph 1 have been convicted within five years of today's date of any of the following offenses listed under Section 1-111(e) of the Public School Code:

Chapter 25 (relating to criminal homicide)

- Section 2702 (relating to aggravated assault)
- Section 2709 (relating to harassment and 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 (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)

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."

An out-of-State or Federal offense similar in nature to those crimes listed above.

Sworn to before me this

_____ Day of _____ 20 ____

(supervisor's signature)

(notary's signature)

Notary Public for Pennsylvania:

My commission expires: _____

Attachments:

Education objectives by subject matter

Certificate of Immunization or record of immunization or copy of Medical/Religious Exemption

Proof of appropriate Medical and Physical health exams for grades KDG, 6th and 11th grade and Dental exam for grade 3rd and 7th

CHAP - Christian Homeschool Assoc. of PA, 231 N. Chestnut St., Palmyra, PA 17078 | (717) 838-0980 | www.chaponline.com