



*Secondary - School Age Student*

**AFFIDAVIT OF THE SUPERVISOR OF A HOME EDUCATION PROGRAM**

To the superintendent of the Hempfield School District.

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)  
date of birth \_\_\_\_\_, grade \_\_\_\_\_,  
(student's date of birth)

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 \_\_\_\_\_  
(street address)  
\_\_\_\_\_  
(city, state, zip)

The phone number and email at this site is \_\_\_\_\_  
(phone number) (email address)

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

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

I attest that the following courses shall be taught at the secondary school level: English, to include language, literature, speech and composition; science to include biology and chemistry; 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; and safety education, including regular and continuous instruction in the dangers and prevention of fires. Other courses may be included at the discretion of the supervisor such as: economics, foreign language, trigonometry, or other age-appropriate courses by the State Board of Education

I attest that the education objectives in the home education program are by subject area **as attached** to this affidavit (attach objectives).

I attest that the above-listed child has been immunized against the following diseases, and I have **attached evidence** thereof OR said student has a medical or religious exemption pursuant to Section 1303(c) and (d)

of Pennsylvania Statutes Annotated (Initial Here if applicable and attach documentation substantiating exemption \_\_\_\_\_).

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

2. I attest that the above-referenced child has received the health and 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. (Initial here if applicable and attach documentation substantiating exemption \_\_\_\_\_).

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 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.

I attest that no adult living in the home, including the undersigned supervisor, and no person having legal custody of the above-referenced child has been 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 attest that the information stated in this affidavit is true and accurate.

\_\_\_\_\_  
(Supervisor’s Signature) (Date)

- Attachments:** (1) Educational goals and 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:**

**Commonwealth of Pennsylvania**

**County of** \_\_\_\_\_

Sworn and subscribed to me by the above-named resident this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public