

**AFFIDAVIT OF THE SUPERVISOR OF A HOME EDUCATION PROGRAM
SECONDARY SCHOOL-AGE STUDENT
(Grades 7-12)**

To the Superintendent of the Quakertown Community School District:

1. I attest that I, _____,
(NAME OF SUPERVISOR)

am the parent, guardian, or legal custodian of :

DOB: _____, who will be
(NAME AND DATE OF BIRTH OF STUDENT)

considered to be in the _____ grade, that I am the supervisor of the
(GRADE LEVEL)

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, evidence of which is attached. The program will

be conducted at _____
(ADDRESS)

and the telephone number at this site is _____.

2. I attest that the home education program will be in compliance with the Public School Code.

3. I attest that the subjects listed in paragraph four below will be offered in the English language for a minimum of one hundred and eighty (180) days of instruction or a minimum of nine hundred (900) hours.

4. I attest that the following courses shall be taught: 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), safety education (to include regular and continuous instruction in the dangers and prevention of fires), health, physical education, music, and art.

5. I attest that the educational objectives in the home schooling program are by subject area as follows. (*Attach Objectives*)

6. I attest that the above-mentioned student has been immunized against the following diseases, and I have attached evidence thereof:

Diphtheria
Tetanus
Poliomyelitis
Measles (Rubeola)
German Measles (Rubella)
Mumps

7. I attest that the above-mentioned student has received the health and medical services required by Article XIV 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; a hearing test; a measurement of height and weight; tests of tuberculosis under medical supervision; and other tests required by the Advisory Health Board. Children, upon entry into school and in the sixth and eleventh grades, must have a medical examination and comprehensive appraisal of health by a physician. Children, upon entry into school and in the third and seventh grades, must have a dental examination by a dentist. A comprehensive health record shall be maintained for each child.

8. I attest that the home education program will comply with Sections 1327 and 1327.1 of the Public School Code.
9. I attest that no adult living in the home and no person having legal custody of this home-schooled student has been convicted within five years of today of any of the following offenses under Title 18 of the Pennsylvania Consolidated Statutes:

Chapter 25 (relating to criminal homicide)
 Section 2702 (relating to aggravated assault)
 Section 2901 (relating to kidnapping)
 Section 2902 (relating to unlawful restraint)
 Section 3121 (relating to rape)
 Section 3122 (relating to statutory rape)
 Section 3123 (relating to involuntary deviant sexual intercourse)
 Section 3126 (relating to indecent assault)
 Section 3127 (relating to indecent exposure)
 Section 4303 (relating to concealing death of child born out of wedlock)
 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
 Section 5903(d) (relating to obscene and other sexual materials)
 Section 6301 (relating to corruption of minors)
 Section 6312 (relating to sexual abuse of children)

SIGNATURE OF SUPERVISOR

DATE

Attachments: Evidence of High School Diploma or Equivalent (with first year's affidavit only)
 Educational Objectives by Subject Matter
 Evidence of Immunization (if student has not previously attended public school)

(NOTE: THIS AFFIDAVIT MUST BE NOTARIZED)

**Verification on oath or affirmation
(Affidavit for Home Schooling)**

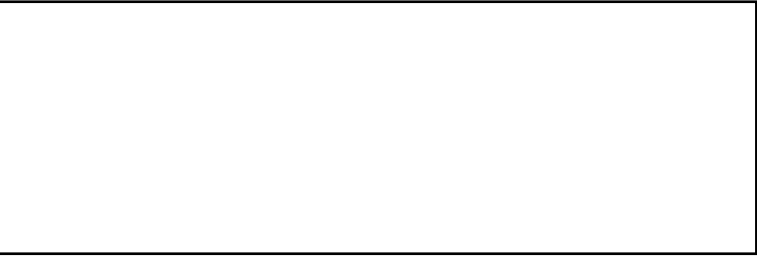
State of Pennsylvania

County of Bucks

Signed and sworn to (or affirmed) before me on _____ (date)
by _____ the making statement.

Signature of notarial officer

Date



Notary stamp