

**TROY AREA SCHOOL DISTRICT
68 FENNER AVENUE
TROY PA 16947
570 297-2750
www.troyareasd.org**

HOME EDUCATION INFORMATION

Return home education information to:

Mrs. Liz Woolf
Troy Area School District
68 Fenner Avenue
Troy PA 16947
(570)297-2750 x 2203

Due date: August 1st of current school year.

The following items shall be submitted to the office of the Superintendent prior to beginning your home education:

1. Application for home education
2. Notarized Affidavit(s)
3. Immunization information for each child
4. Educational objectives by subject matter for each child
5. Copy of parent or guardian's high school or college diploma
6. Physical: Initial start, grade 6 and grade 11

AFFIDAVIT OF THE SUPERVISOR OF A HOME EDUCATION PROGRAM

Elementary - School Age Student

To the superintendent of the _____ School District.
(name of school district)

1. I attest that I _____ am the parent, guardian, or legal custodian of
(name of supervisor)

_____, age _____,
(student's name) (student's age at date of signing)

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 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 § 13-1327.1 of Pennsylvania Statutes Annotated.

3. I attest that the subjects listed in paragraph four below will be offered in the English language for a minimum of 180 days of instruction or a minimum of 900 hours.

4. I attest that the following courses shall be taught at the elementary school level: 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.

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
(student's name)

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:

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

(Listed online at <http://www.portal.state.pa.us/portal/server.pt?open=514&objID=557995&mode=2>)

AFFIDAVIT OF THE SUPERVISOR OF A HOME EDUCATION PROGRAM

Elementary - School Age Student

7. I attest that _____ has received the
(student's name)

health and medical services required by Article XIV of the Public School Code, and I have **attached evidence** thereof or has a religious exemption under §14-1419 of Pennsylvania Statutes Annotated.

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 at 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.

8. I attest that no adult living in the home, including the undersigned supervisor, and no person having legal custody of _____ has been convicted within five
(student's name)

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 3127 (relating to indecent exposure).
Section 2702 (relating to aggravated assault).	Section 3129 (relating to sexual intercourse with animal).
Section 2709.1 (relating to stalking).	Section 4302 (relating to incest).
Section 2901 (relating to kidnapping).	Section 4303 (relating to concealing death of child).
Section 2902 (relating to unlawful restraint).	Section 4304 (relating to endangering welfare of children).
Section 2910 (relating to luring a child into a motor vehicle or structure).	Section 4305 (relating to dealing in infant children).
Section 3121 (relating to rape).	A felony offense under section 5902(b) (relating to prostitution and related offenses).
Section 3122.1 (relating to statutory sexual assault).	Section 5903(c) or (d) (relating to obscene and other sexual materials and performances).
Section 3123 (relating to involuntary deviate sexual intercourse).	Section 6301(a)(1) (relating to corruption of minors).
Section 3124.1 (relating to sexual assault).	Section 6312 (relating to sexual abuse of children).
Section 3124.2 (relating to institutional sexual assault).	Section 6318 (relating to unlawful contact with minor).
Section 3125 (relating to aggravated indecent assault).	Section 6319 (relating to solicitation of minors to traffic drugs).
Section 3126 (relating to indecent assault).	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: (1) Education objectives by subject matter, (2) Evidence of immunization, (3) Evidence of Health and Medical Services