

AFFIDAVIT FOR PENNSYLVANIA HOME EDUCATION PROGRAM

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

I attest that I, _____, am the parent or guardian or other
(name of supervisor)

person having legal custody of listed children and am responsible for the provision of instruction, and that I have a high school diploma or its equivalent.

Child's name:	Child's age at date of signing (years old):

Address of the program: _____

Phone number: _____

- I attest that such subjects as required by law are offered in the English language.
- I attest that the student(s) have been immunized in accordance with the provisions of §13-1303(a) (or claim exemption per §13-1303(c) or (d) of the Annotated Pennsylvania Statutes).
- I attest that the student(s) have received the health and medical services required for students of the child's age or grade level in Article XIV (or claim exemption per §14-1419 of the Annotated Pennsylvania Statutes); and that this declaration shall be satisfactory evidence thereof.
- I attest that the home education program(s) shall comply with the provisions of §13-1327.1 of Annotated Pennsylvania Statutes.

Reference: 24 PS §13-1327.1(b)(1)

Attachments: Objectives by subject, Immunization evidence or exemption

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- I attest that I, the supervisor, all adults living in the home and persons having legal custody of the student(s) in this home education program have not been convicted of the criminal offenses enumerated in subsection (e) of Section 111 of the Public School Code within five years.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the foregoing is true and correct.

Signed on the _____ day of _____, _____, at
(date) (month) (year)

_____, _____.
(city, county or other location, and state) (country)

(Printed name)

(Signature)

Reference: 24 PS §13-1327.1(b)(1)

Attachments: Objectives by subject, Immunization evidence or exemption