

**UNSWORN DECLARATION OF THE SUPERVISOR OF A PA HOME EDUCATION PROGRAM
IN LIEU OF AFFIDAVIT**

I am the parent of the child(ren) listed below. I am responsible for the provision of instruction in the Home Education Program in which the minimum of one hundred eighty (180) days or nine hundred (900) hours of instruction at the elementary school level or nine hundred ninety (990) hours of instruction at the secondary level will take place. I attest that the subjects required by law will be offered in the English language, and that the Home Education Program will be in full compliance with the provisions of the Public School Code Title 24 P.S. Education § 13-1327.1, and that the unsworn declaration shall be satisfactory evidence thereof.

I attest that the child(ren) in the Home Education Program has/have received the health and medical services required by Article XIV of the Public School Code including immunizations required under 24 P.S. § 13-1303a or claim exemption under Title 28 Pa. Code § 23.84, and that comprehensive health records are being maintained for said child(ren) and that the unsworn declaration shall be satisfactory evidence thereof.

I attest that I have a high school diploma, or its equivalent, and that all adults living in the home of the child(ren) and persons having legal custody of the child(ren) in the 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 immediately preceding the date of the affidavit and that the unsworn declaration shall be satisfactory evidence thereof.

Attached: An outline of proposed education objectives by subject area

Name of Supervisor of the Home Education Program: _____

Address of Home Education Program Site: _____

Phone Number of Home Education Program Site: _____

Name(s) and age(s) of child/children participating in Home Education Program:

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)