

IN-HOME INSTRUCTION PROGRAM
(for Secondary School-Aged Student)
Affidavit of Supervisor

To the Superintendent of the Conneaut School District:

1. I attest that I, _____, am the parent, guardian or legal custodian
(Name of Supervisor)
_____, that I am the supervisor of the in-home instruction program
(Name of Student)
and I am responsible for the provision of instruction in the in-home instruction program and that I have earned a high school diploma or its equivalent, **evidence of which is attached.**
2. The in-home instruction program for the _____ school year will be conducted at
_____. The telephone number at this site is:
(Address)
_____.
(Telephone Number)
3. If the above-named student has been determined to be exceptional, I have attached written approval for the in-home instruction program from a qualified person.
4. I attest that the in-home instruction program will be in compliance with the Public School Code and have attached a copy of the educational plan/materials.
5. I attest that the subjects listed in paragraph 6 below will be offered in the English language for a minimum of 180 days of instruction or a minimum of 990 hours during the above-referenced school year.
6. I attest that the following courses will be taught: English; mathematics; science; social studies; art; music; home economics; industrial arts; reading; health; environmental education, and physical education.
7. I attest that the educational objectives of the in-home instruction program are by subject area as follows:
ATTACH OBJECTIVES.
8. I attest that _____ has been immunized against the following diseases
(Name of Student)
and I have attached evidence thereof:
 - a. Dyphtheria
 - b. Tetanus
 - c. Poliomyelitis
 - d. Measles (rubeola)
 - e. German Measles (rubella)
 - f. Mumps

9. I attest that _____ has received the health and medical services
(Name of Student)
required by Article XIV of the Public School Code. I understand that 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, hearing test, a measurement of height and weight, test for tuberculosis under medical supervision and other tests required by the Advisory Health Board. Children, upon the entry into school and into the 6th and 11th grades, must have a medical examination and comprehensive appraisal of health by a physician. Children, upon entry into 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.**
10. I attest that the in-home instruction program will comply with Sections 1327 and 1327.1 of the Public School Code of 1949, as amended.
11. I attest that the student portfolio will be maintained for the student, as required by law, and that progress reports on the student will be completed, as required.
12. I attest that no adult living in the home and no person having legal custody of
_____ has been convicted, within five years of this date, of any
(Name of Student)
of the following offenses under Title 18 of the Pennsylvania Consolidated Statutes:

- Chapter 25 (related to criminal homicide)
- Section 2702 (related to aggravated assault)
- Section 2901 (related to kidnapping)
- Section 2902 (related to unlawful restraint)
- Section 3121 (related to rape)
- Section 3122 (related to statutory rape)
- Section 3123 (relating to involuntary deviate sexual intercourse)
- Section 3126 (relating to indecent assault)
- Section 3127 (relating to indecent exposure)
- Section 4304 (relating to concealing death of a child born out of wedlock)
- Section 4304 (relating to endangering the 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 or sexual materials)
- Section 6301 (relating to corruption of minors)
- Section 6312 (relating to sexual abuse of children)

(Supervisor's Signature)

Sworn and subscribed to before me this _____ day of

_____, 2____.

Notary Public

- Attach the following:**
- Evidence of a high school diploma or equivalent
 - Written approval for exceptional child (if required)
 - Education plan/materials
 - Educational objectives by subject matter
 - Evidence of immunization

Please complete the following information for each child participating in the Home Education Program:

School Year: 20____ - 20____

<u>Student's Name</u>	<u>Birth Date/Age</u>	<u>Grade Level</u>

NOTE: File with the Superintendent prior to the commencement of the Home Education Program, and annually thereafter on August 1st of each year.