



EASTERN LANCASTER COUNTY SCHOOL DISTRICT

669 EAST MAIN STREET NEW HOLLAND PA 17557

July 2023

RE: Homeschooling Approval Procedure for 2023-2024 School Year

To enroll into the homeschooling program in Eastern Lancaster County School District for the 2023-2024 school year, you must provide the following for District approval:

PRIOR TO THE START OF THE 2023-2024 SCHOOL YEAR OR BEFORE YOU BEGIN YOUR HOMESCHOOL PROGRAM:

A child's parent or guardian must complete and file a notarized affidavit with the Assistant Superintendent's Office no later than **August 1st**. A copy of the district's affidavit is enclosed with this letter for your convenience.

The following attachments must be included with the affidavit when filed with the Assistant Superintendent's office:

- Educational objectives for each subject for each child. (An outline of proposed education objectives by subject area)
- Evidence of current and up-to-date immunizations or religious exemption documentation.
- If child is entering 6th or 11th Grade, evidence of up-to-date Health/Medical Services or religious exemption documentation must be submitted.
- If child is entering 3rd or 7th Grade, evidence of up-to-date Dental Services or religious exemption documentation must be submitted.
- Evidence that the supervisor possesses a high school diploma or equivalent must be submitted, if not previously provided.

It is required that children with a disability involved in home schooling have the proposed program reviewed and approved by a clinical psychologist or a certified special education teacher. *Approval of program should be provided with the affidavit.*

If your child is entering 3rd, 5th, or 8th grade, your child must take an approved achievement test administered by an appropriate evaluator. This achievement test can be the PSSA or PASA, which are state assessments given through the school district. If you would like your child to take the PSSA or PASA, please let the district know this when you send in your beginning of year paperwork and we will be in touch with you.

Once we have all the required documentation noted above, you will receive a letter verifying your program has been approved by the school district.

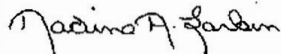
END OF THE 2023-2024 SCHOOL YEAR:

Throughout the school year, the supervisor must maintain a portfolio of student work. The portfolio shall be evaluated at the end of each year by a clinical or school psychologist or appropriately certified teacher, i.e. a teacher holding a PA Teacher Certification in the appropriate subject areas. The evaluator's written evaluation should be based on a review of the portfolio and interview of the child, and any achievement results (*If a student is enrolled in 3rd, 5th and/or 8th Grade you must have results of an approved achievement test administered by an appropriate evaluator which should be included in your evaluation*). The evaluator shall certify whether or not an appropriate education has occurred. The written evaluation and, if not previously provided, evidence of evaluator certification, should be submitted to the office of the Assistant Superintendent by **June 30th**.

Once the District has all the required documentation noted above, you will receive a letter from the District verifying the submission of each child's evaluation.

Additional information regarding Eastern Lancaster County School District's homeschooling procedure and forms can be found on the District website www.elanco.org/homeschool/. If you have any questions or need further assistance, please feel free to contact my office at 717-354-1514 or homeschool@elanco.org.

Sincerely,



Nadine A. Larkin, Ed.D.
Assistant Superintendent
Eastern Lancaster County School District

Enclosures

REMINDER: *Evaluations for the 2022-2023 school year are due by June 30, 2023.*

Please note, Act 16 of 2019, which was signed in June of 2019 made a significant change in the Public School Code regarding compulsory school age of children. All children from the age of six (6) through the age of eighteen (18) must comply with compulsory school attendance requirements. To meet these requirements, parents must ensure that their child between the ages of 6 and 18 is attending or participating in one of the following: a public elementary, middle, or high school; a public charter or cyber-charter school; a private licensed academic or private religious school; home tutoring by a certified teacher; or an approved program of home schooling.



EASTERN LANCASTER COUNTY SCHOOL DISTRICT

Home Education Program Requirements Checklist

HOME SCHOOL APPROVAL PROCEDURE

- ☐ **Home School Affidavit** A child's parent or guardian must complete and file a notarized affidavit with the District Office by **August 1st**. *A separate affidavit should be filed for each child participating in home school instruction.* Affidavits are available for pickup at the District Office or can be downloaded from the District website. www.elanco.org

EVIDENCE TO BE SUBMITTED ALONG WITH YOUR AFFIDAVIT:

- ☐ **Educational objectives** for each subject for each student.
- ☐ **Immunizations** (*See back*) current and up-to-date or religious exemption documentation. (*Must be Submitted Each Year & Must be submitted separately from Health/Medical Services & Dental Services Exemption*)
- ☐ **High School Diploma** or equivalent of Supervisor, if not previously provided.

TO BE SUBMITTED ALONG WITH YOUR AFFIDAVIT BASED ON SPECIAL CIRCUMSTANCES

- ☐ **Health/Medical Services** or religious exemption documentation upon entering to home school program and Grades 6 & 11.
- ☐ **Dental Services** or religious exemption documentation upon entering home school program and Grades 3 & 7.
- ☐ **Special Education Program** approval is required if a child with a disability involved in home schooling. The approval must be reviewed and approved by a clinical psychologist or a certified special education teacher.

End of the School Year Submission:

- ☐ **End of the Year Evaluation** by a clinical or school psychologist or appropriately certified teacher (Teacher holds PA Teacher Certification in the appropriate subject areas). The evaluator's written evaluation based on a review of the portfolio and interview of the child and any achievement tests shall certify whether or not an appropriate education is occurring. The written evaluation and, if not previously provided, evidence of evaluator certification, should be submitted to the District by **June 30th**.

DUE DATES:

August 1st – Notarized affidavit with appropriate paperwork.

September 30th – Request for participation in PSSA testing through the school district.

June 30 – Evaluation of portfolio from licensed or certified evaluator with achievement test results, if required.

CONTACT INFORMATION:

Assistant Superintendent's Office
(717) 354-1514 or homeschool@elanco.org

SCHOOL VACCINATION REQUIREMENTS FOR ATTENDANCE IN PENNSYLVANIA SCHOOLS

FOR ATTENDANCE IN ALL GRADES CHILDREN NEED THE FOLLOWING:



- 4 doses of tetanus, diphtheria, and acellular pertussis* (1 dose on or after the 4th birthday)
- 4 doses of polio (4th dose on or after 4th birthday and at least 6 months after previous dose given)**
- 2 doses of measles, mumps, rubella***
- 3 doses of hepatitis B
- 2 doses of varicella (chickenpox) or evidence of immunity

*Usually given as DTP or DTaP or if medically advisable, DT or Td

**A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose

***Usually given as MMR



ON THE FIRST DAY OF SCHOOL, unless the child has a medical or religious/philosophical exemption, a child must have had at least one dose of the above vaccinations or risk exclusion.

- If a child does not have all the doses listed above, needs additional doses, and the next dose is medically appropriate, the child must receive that dose within the first five days of school or risk exclusion. If the next dose is not the final dose of the series, the child must also provide a medical plan (red and white card) within the first five days of school for obtaining the required immunizations or risk exclusion.

- If a child does not have all the doses listed above, needs additional doses, and the next dose is not medically appropriate, the child must provide a medical plan (red and white card) within the first five days of school for obtaining the required immunizations or risk exclusion.

- The medical plan must be followed or risk exclusion.

FOR ATTENDANCE IN 7TH GRADE:

- 1 dose of tetanus, diphtheria, acellular pertussis (Tdap) on the first day of 7th grade.
- 1 dose of meningococcal conjugate vaccine (MCV) on the first day of 7th grade.

ON THE FIRST DAY OF 7TH GRADE, unless the child has a medical or religious/philosophical exemption, a child must have had the above vaccines or risk exclusion.

FOR ATTENDANCE IN 12TH GRADE:

- 1 dose of MCV on the first day of 12th grade. If one dose was given at 16 years of age or older, that shall count as the twelfth grade dose.

ON THE FIRST DAY OF 12TH GRADE, unless the child has a medical or religious/philosophical exemption, a child must have had the above vaccines or risk exclusion.

The vaccines required for entrance, 7th grade and 12th grade continue to be required in each succeeding school year.

These requirements allow for the following exemptions: medical reason, religious belief, or philosophical/strong moral or ethical conviction. Even if your child is exempt from immunizations, he or she may be excluded from school during an outbreak of vaccine preventable disease.

Pennsylvania's school immunization requirements can be found in 28 Pa.CODE CH.23 (School Immunization). Contact your healthcare provider or call 1-877-PA-HEALTH for more information.



pennsylvania
DEPARTMENT OF HEALTH

AFFIDAVIT OF THE SUPERVISOR OF A HOME EDUCATION PROGRAM

Elementary – School Age Student

To the Assistant Superintendent of the Eastern Lancaster County School District.

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

_____, Grade _____ Birth Date _____, that I am the
(name of student)

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)

_____. Student previously enrolled at _____
(phone number) (name of school)

2. I attest that the home education program will be in compliance with Section 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 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 against the following diseases
(name of student)
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 | c. German Measles (Rubella) |
| b. Tetanus | f. Mumps |
| c. Poliomyelitis | g. Hepatitis B |
| d. Measles (Rubcola) | 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>)

7. I attest that _____ has received the health and medical services
(name of student)
required by Article XIV of the Public School Code, and I have **attached evidence** thereof or has a religious exemption under Section 14-1419 of Pennsylvania Statutes Annotated.

Elementary continued

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 years of today's

(name of student)

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 2702 (relating to aggravated assault)

Section 2709.1 (relating to stalking)

Section 2901 (relating to kidnapping)

Section 2902 (relating to unlawful restraint)

Section 2910 (relating to luring a child into a motor vehicle or structure)

Section 3121 (relating to rape)

Section 3122.1 (relating to statutory sexual assault)

Section 3123 (relating to involuntary deviate sexual intercourse)

Section 3124.1 (relating to sexual assault)

Section 3124.2 (relating to institutional sexual assault)

Section 3125 (relating to aggravated indecent assault)

Section 3126 (relating to indecent assault)

Section 3127 (relating to indecent exposure)

Section 3129 (relating to sexual intercourse with animal)

Section 4302 (relating to incest)

Section 4303 (relating to concealing death of a child)

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 (d) (relating to obscene and other sexual materials and performances)

Section 6301(a)(1) (relating to corruption of minors)

Section 6312 (relating to sexual abuse of children)

Section 6318 (relating to unlawful contact with minor)

Section 6319 (relating to solicitation of minors to traffic drugs)

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, Devise and Cosmetic Act."
- (3) An out-of-state or federal offense similar in nature to those crimes listed in clauses (1) and (2).

(Supervisor sign in presence of Notary)

Sworn to and Subscribed before me this

Attachments:

_____ day of _____, 20____

Education objectives by subject matter, Evidence of
immunization (initial entrance), Evidence of Health & Medical

My commission expires _____

Services (initial entrance, Grades 6 & 11; Dentals – initial entrance, Grades 3 & 7)

EASTERN LANCASTER COUNTY SCHOOL DISTRICT

AFFIDAVIT OF THE SUPERVISOR OF A HOME EDUCATION PROGRAM

Secondary – School Age Student

To the Assistant Superintendent of the Eastern Lancaster County School District.

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

_____, Grade _____ Birth Date _____, that I am the
(name of student)

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)

_____. Student previously enrolled at _____
(phone number) (name of school)

2. I attest that the home education program will be in compliance with Section 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 990 hours.
4. I attest that the following courses shall be taught at the secondary level: 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; art; music; physical education; health; and safety education, including regular and continuous instruction in the dangers and prevention of fires. Such courses of study may include, at the discretion of the supervisor of the home education program, economics; biology; chemistry; foreign languages; trigonometry; or other age-appropriate courses as contained in Chapter 5 (curriculum Requirements) of the State Board of Education. [PDE note: Chapter 5 has been repealed and replaced with Chapter 4.]
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 against the following diseases
(name of student)
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 (Rubcola) | h. Chickenpox (varicella) or evidence of immunity |

And in grade 7: meningococcal conjugate vaccine (MCV) and diphtheria, acellular pertussis (Tdap) (if five years have elapsed since last tetanus immunization)

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

2/27/2014

7. I attest that _____ has received the health and medical services
(name of student)
required by Article XIV of the Public School Code, and I have **attached evidence** thereof or has a religious exemption under Section 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 years of today's
(name of student)
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 PA Consolidated Statutes:

Chapter 25 (relating to criminal homicide)	Section 4302 (relating to incest)
Section 2702 (relating to aggravated assault)	Section 4303 (relating to concealing death of child)
Section 2709.1 (relating to stalking)	Section 4304 (relating to endangering welfare of children)
Section 2901 (relating to kidnapping)	Section 4305 (relating to dealing in infant children)
Section 2902 (relating to unlawful restraint)	A felony offense under Section 5902(b) (relating to prostitution and related offenses)
Section 2910 (relating to luring a child into a motor vehicle or structure)	Section 5903(c) or (d) (relating to obscene and other sexual materials and performances)
Section 3121 (relating to rape)	Section 6301(a)(1) (relating to corruption of minors)
Section 3122.1 (relating to statutory sexual assault)	Section 6312 (relating to sexual abuse of children)
Section 3123 (relating to involuntary deviate sexual intercourse)	
Section 3124.1 (relating to sexual assault)	Section 6318 (relating to unlawful contact with minor)
Section 3124.2 (relating to institutional sexual assault)	Section 6319 (relating to solicitation of minors to traffic drugs)
Section 3125 (relating to aggravated indecent assault)	Section 6320 (relating to sexual exploitation of children)
Section 3126 (relating to indecent assault)	
Section 3127 (relating to indecent exposure)	
Section 3129 (relating to sexual intercourse with animal)	

(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, Devise 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 sign in presence of Notary)

Sworn to and Subscribed before me this

Attachments:

Education objectives by subject matter

Evidence of immunization (initial entrance)

Evidence of Health and Medical Services (initial entrance,
Grades 6 and 11; Dentals – initial entrance, Grades 3 and 7)

_____ day of _____, 20____

My commission expires _____

This affidavit is not exclusive and the use of another form is also permissible as long as all required information is provided.



EASTERN LANCASTER COUNTY SCHOOL DISTRICT

Dear Parent or Guardian:

The School Health Law requires dental examinations for children upon initial entry (K or 1) and in grades 3 and 7. These grades were selected because they represent critical periods of growth and development in a child's life.

We are recommending that these examinations be done by your family dentist, since he can best evaluate your child's dental health and assist you in obtaining necessary treatment and corrections.

It is important that the school have a record of a child's health status. This knowledge enables the school staff to help children achieve maximum benefits of their educational opportunities.

We are sending this form to you early so that you may have an opportunity to have the examination completed by the time the school dental examinations are given. Please have it filled out as completely as possible and return to your school nurse on or before the first day of school this September.

Sincerely,
Beth Fulmer, R.N.
Jacqueline Hollinger, R.N.
Karissa Davis R.N.
Joy Hoover, R.N.
Maeve Beebe, R.N.

-----Detach and Return-----

EASTERN LANCASTER COUNTY SCHOOL DISTRICT
PO Box 609, New Holland, PA 17557

FAMILY DENTIST REPORT

NAME OF CHILD: _____ SCHOOL: _____
DATE OF BIRTH: _____ SEX: Male ☐ Female ☐ GRADE: _____ HR: _____

The above named child last visited my office on _____ (give date).

At that time, all necessary dental corrections had been made. Yes ☐ No ☐

This child is currently under treatment: Yes ☐ No ☐

Check the appropriate box/boxes:

- | | |
|---|---|
| <input type="checkbox"/> Fillings of Primary Teeth | <input type="checkbox"/> Extractions of Primary Teeth |
| <input type="checkbox"/> Fillings of Permanent Teeth | <input type="checkbox"/> Extractions of Permanent Teeth |
| <input type="checkbox"/> Diseases of the Supporting Tissues | |
| <input type="checkbox"/> Gross Malocclusion which is Producing a Facial Deformity or is Interfering with Function | |
| <input type="checkbox"/> Cleft Palate and/or Cleft Lip | |
| <input type="checkbox"/> Other Congenital Malformation | |
| <input type="checkbox"/> Prosthetic Replacements for Lost or Missing Teeth | |

Signature: _____ D.D.S./D.M.D.

Printed Name: _____

Phone: _____

Address or Stamp with Address:

669 East Main Street, P.O. Box 609, New Holland, PA 17557-0609

District Office: (717) 354-1500 • FAX: (717) 354-1512

Equal Opportunity Employer



Bureau of Community Health Systems
Division of School Health

Private or School PHYSICAL EXAMINATION OF SCHOOL AGE STUDENT

PARENT / GUARDIAN / STUDENT:

Complete page one of this form before
student's exam. Take completed form to
appointment.

Student's name _____ Today's date _____

Date of birth _____ Age at time of exam _____ Gender: ☐ Male ☐ Female

Medicines and Allergies: Please list all prescription and over-the-counter medicines and supplements (herbal/nutritional) the student is currently taking:

Does the student have any allergies? ☐ No ☐ Yes (If yes, list specific allergy and reaction.)

☐ Medicines ☐ Pollens ☐ Food ☐ Stinging Insects

Complete the following section with a check mark in the YES or NO column; circle questions you do not know the answer to.

GENERAL HEALTH: <i>Has the student...</i>	YES	NO
1. Any ongoing medical conditions? If so, please identify: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infection Other _____		
2. Ever stayed more than one night in the hospital?		
3. Ever had surgery?		
4. Ever had a seizure?		
5. Had a history of being born without or is missing a kidney, an eye, a testicle (males), spleen, or any other organ?		
6. Ever become ill while exercising in the heat?		
7. Had frequent muscle cramps when exercising?		
HEAD/NECK/SPINE: <i>Has the student...</i>	YES	NO
8. Had headaches with exercise?		
9. Ever had a head injury or concussion?		
10. Ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
11. Ever had numbness, tingling, or weakness in his/her arms or legs after being hit or falling?		
12. Ever been unable to move arms or legs after being hit or falling?		
13. Noticed or been told he/she has a curved spine or scoliosis?		
14. Had any problem with his/her eyes (vision) or had a history of an eye injury?		
15. Been prescribed glasses or contact lenses?		
HEART/LUNGS: <i>Has the student...</i>	YES	NO
16. Ever used an inhaler or taken asthma medicine?		
17. Ever had the doctor say he/she has a heart problem? If so, check all that apply: <input type="checkbox"/> Heart murmur or heart infection <input type="checkbox"/> High blood pressure <input type="checkbox"/> Kawasaki disease <input type="checkbox"/> High cholesterol <input type="checkbox"/> Other _____		
18. Been told by the doctor to have a heart test? (For example, ECG/EKG, echocardiogram)?		
19. Had a cough, wheeze, difficulty breathing, shortness of breath or felt lightheaded DURING or AFTER exercise?		
20. Had discomfort, pain, tightness or chest pressure during exercise?		
21. Felt his/her heart race or skip beats during exercise?		
BONE/JOINT: <i>Has the student...</i>	YES	NO
22. Had a broken or fractured bone, stress fracture, or dislocated joint?		
23. Had an injury to a muscle, ligament, or tendon?		
24. Had an injury that required a brace, cast, crutches, or orthotics?		
25. Needed an x-ray, MRI, CT scan, injection, or physical therapy following an injury?		
26. Had joints that become painful, swollen, feel warm, or look red?		
SKIN: <i>Has the student...</i>	YES	NO
27. Had any rashes, pressure sores, or other skin problems?		
28. Ever had herpes or a MRSA skin infection?		

GENITOURINARY: <i>Has the student...</i>	YES	NO
29. Had groin pain or a painful bulge or hernia in the groin area?		
30. Had a history of urinary tract infections or bedwetting?		
31. FEMALES ONLY: Had a menstrual period? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: At what age was her first menstrual period? _____ How many periods has she had in the last 12 months? _____ Date of last period: _____		
DENTAL:	YES	NO
32. Has the student had any pain or problems with his/her gums or teeth?		
33. Name of student's dentist: _____ Last dental visit: <input type="checkbox"/> less than 1 year <input type="checkbox"/> 1-2 years <input type="checkbox"/> greater than 2 years		
SOCIAL/LEARNING: <i>Has the student...</i>	YES	NO
34. Been told he/she has a learning disability, intellectual or developmental disability, cognitive delay, ADD/ADHD, etc.?		
35. Been bullied or experienced bullying behavior?		
36. Experienced major grief, trauma, or other significant life event?		
37. Exhibited significant changes in behavior, social relationships, grades, eating or sleeping habits; withdrawn from family or friends?		
38. Been worried, sad, upset, or angry much of the time?		
39. Shown a general loss of energy, motivation, interest or enthusiasm?		
40. Had concerns about weight; been trying to gain or lose weight or received a recommendation to gain or lose weight?		
41. Used (or currently uses) tobacco, alcohol, or drugs?		
FAMILY HEALTH:	YES	NO
42. Is there a family history of the following? If so, check all that apply: <input type="checkbox"/> Anemia/blood disorders <input type="checkbox"/> Inherited disease/syndrome <input type="checkbox"/> Asthma/lung problems <input type="checkbox"/> Kidney problems <input type="checkbox"/> Behavioral health issue <input type="checkbox"/> Seizure disorder <input type="checkbox"/> Diabetes <input type="checkbox"/> Sickle cell trait or disease Other _____		
43. Is there a family history of any of the following heart-related problems? If so, check all that apply: <input type="checkbox"/> Brugada syndrome <input type="checkbox"/> QT syndrome <input type="checkbox"/> Cardiomyopathy <input type="checkbox"/> Marfan syndrome <input type="checkbox"/> High blood pressure <input type="checkbox"/> Ventricular tachycardia <input type="checkbox"/> High cholesterol <input type="checkbox"/> Other _____		
44. Has any family member had unexplained fainting, unexplained seizures, or experienced a near drowning?		
45. Has any family member / relative died of heart problems before age 50 or had an unexpected / unexplained sudden death before age 50 (includes drowning, unexplained car accidents, sudden infant death syndrome)?		
QUESTIONS OR CONCERNS	YES	NO
46. Are there any questions or concerns that the student, parent or guardian would like to discuss with the health care provider? (If yes, write them on page 4 of this form.)		

I hereby certify that to the best of my knowledge all of the information is true and complete. I give my consent for an exchange of health information between the school nurse and health care providers.

Signature of parent / guardian / emancipated student _____ Date _____

STUDENT'S HEALTH HISTORY (page 1 of this form) REVIEWED PRIOR TO PERFORMING EXAMINATION: Yes ☐ No ☐

Physical exam for grade: K/1 <input type="checkbox"/> 6 <input type="checkbox"/> 11 <input type="checkbox"/> Other <input type="checkbox"/>	CHECK ONE			*ABNORMAL FINDINGS / RECOMMENDATIONS / REFERRALS
	NORMAL	*ABNORMAL	DEFER	
Height: () inches				
Weight: () pounds				
BMI: ()				
BMI-for-Age Percentile: () %				
Pulse: ()				
Blood Pressure: (/)				
Hair/Scalp				
Skin				
Eyes/Vision Corrected <input type="checkbox"/>				
Ears/Hearing				
Nose and Throat				
Teeth and Gingiva				
Lymph Glands				
Heart				
Lungs				
Abdomen				
Genitourinary				
Neuromuscular System				
Extremities				
Spine (Scoliosis)				
Other				

TUBERCULIN TEST	DATE APPLIED	DATE READ	RESULT/FOLLOW-UP

MEDICAL CONDITIONS OR CHRONIC DISEASES WHICH REQUIRE MEDICATION, RESTRICTION OF ACTIVITY, OR WHICH MAY AFFECT EDUCATION

(Additional space on page 4)

Parent/guardian present during exam: Yes ☐ No ☐Physical exam performed at: Personal Health Care Provider's Office ☐ School ☐ Date of exam _____ 20____

Print name of examiner _____

Print examiner's office address _____ Phone _____

Signature of examiner _____ MD ☐ DO ☐ PAC ☐ CRNP ☐

HEALTH CARE PROVIDERS: Please photocopy immunization history from student's record – OR – insert information below.

IMMUNIZATION EXEMPTION(S):

Medical ☐ Date Issued: _____ Reason: _____ Date Rescinded: _____

Medical ☐ Date Issued: _____ Reason: _____ Date Rescinded: _____

Medical ☐ Date Issued: _____ Reason: _____ Date Rescinded: _____

NOTE: The parent/guardian must provide a written request to the school for a religious or philosophical exemption.

VACCINE	DOCUMENT: (1) Type of vaccine; (2) Date (month/day/year) for each Immunization				
Diphtheria/Tetanus/Pertussis (child) Type: DTaP, DTP or DT	1	2	3	4	5
Diphtheria/Tetanus/Pertussis (adolescent/adult) Type: Tdap or Td	1	2	3	4	5
Polio Type: OPV or IPV	1	2	3	4	5
Hepatitis B (HepB)	1	2	3	4	5
Measles/Mumps/Rubella (MMR)	1	2	3	4	5
Mumps disease diagnosed by physician <input type="checkbox"/>	Date: _____				
Varicella: Vaccine <input type="checkbox"/> Disease <input type="checkbox"/>	1	2	3	4	5
Serology: (Identify Antigen/Date/POS or NEG) i.e. Hep B, Measles, Rubella, Varicella	1	2	3	4	5
Meningococcal Conjugate Vaccine (MCV4)	1	2	3	4	5
Human Papilloma Virus (HPV) Type: HPV2 or HPV4	1	2	3	4	5
Influenza Type: TIV (injected) LAIV (nasal)	6	7	8	9	10
	11	12	13	14	15
Haemophilus Influenzae Type b (Hib)	1	2	3	4	5
Pneumococcal Conjugate Vaccine (PCV) Type: 7 or 13	1	2	3	4	5
Hepatitis A (HepA)	1	2	3	4	5
Rotavirus	1	2	3	4	5
Other Vaccines: (Type and Date)					



Eastern Lancaster County
School District

Book	Policy Manual
Section	100 Programs
Title	Home Education Programs
Number	137
Status	Active
Adopted	August 16, 2010

Authority

The Board shall approve a program of home education, pursuant to law, permitting students to study at home in accordance with Board policy.[1][2][3]

Definitions

Appropriate Education - a program consisting of instruction in the required subjects for the time required by law and in which the student demonstrates sustained progress in the overall program.[2]

Hearing Examiner - shall not be an officer, employee or agent of the Department of Education or of the school district or intermediate unit of residence of the child in the home education program.

Home Education Program - a program conducted in compliance with law by the parent/guardian or person having legal custody of a child. A home education program shall not be considered a nonpublic school under the provisions of law.

Supervisor - the parent/guardian or person having legal custody of a child who is responsible for providing instruction, provided that such person has a high school diploma or its equivalent.

Guidelines

Eligibility/Affidavits

A notarized affidavit of the parent/guardian or person having legal custody of the child shall be filed prior to commencement of the home education program and annually thereafter on August 1 with the Superintendent. The affidavit shall set forth:[2]

1. Name of the supervisor of the home education program who will be responsible for the provision of instruction.
2. Name and age of each child who will participate in the home education program.
3. Address and telephone number of the home education program site.
4. That subjects required by law are offered in the English language, including an outline of proposed education objectives by subject area.
5. Evidence that the child has been immunized and has received the health and

medical services required for students of the child's age or grade level.[4][5]

The affidavit shall contain certification signed by the supervisor that the supervisor, all adults in the home and persons having legal custody of a child in the home education program have not been convicted of criminal offenses as enumerated in the School Code.[6]

The Superintendent shall review the notarized affidavit and the portfolio of records and materials and the annual written evaluation of educational progress to determine the following, as appropriate:[2]

1. Whether the supervisor of the home education program is the parent/guardian or person having legal custody of the student.
2. Whether the supervisor of the home education program holds a high school diploma or GED certificate.
3. Whether the information required by the School Code is included in the affidavit, portfolio, and evaluation and is true and correct.
4. Whether the testing required by the School Code was administered by an individual other than the parent/guardian of the student.
5. Whether the evaluation of the portfolio was conducted by a teacher or administrator with the certification and experience required by the School Code.
6. Whether the home education program of an identified student, as defined by the special education regulations of the State Board of Education, was approved by a teacher certified by the Commonwealth of Pennsylvania to teach special education or a licensed clinical or certified school psychologist.[1]
7. Whether the student is receiving instruction in the subjects and for the time specified in the School Code.
8. Whether the student has demonstrated and is demonstrating sustained progress in the overall home education program.

In reviewing the affidavit, portfolio, and evaluation and determining whether the student has demonstrated sustained progress in the overall program, the Superintendent shall use his/her best professional judgment and may seek the advice and input of such professional staff as s/he deems appropriate. Care shall be taken to protect the privacy rights of the student or parents/guardians. If the Superintendent chooses to seek the advice or input of others, the parents/guardians of the student will be notified in a timely manner.

Transfers

In the event of the home education program site relocating to another school district within Pennsylvania, the supervisor must apply, by registered mail, to the Superintendent of the district in which s/he currently resides, requesting a letter of transfer for the home education program to the district to which the home education program is relocating. The letter of transfer must be filed by the supervisor of the home education program with the Superintendent of the new district of residence. The letter of transfer shall be issued no later than thirty (30) days after receipt of the registered mail request of the home education program supervisor.[2]

Program

A student who is enrolled in a home education program shall be deemed to have met

the requirements if the program provides a minimum of one hundred eighty (180) days of instruction, or nine hundred (900) hours of instruction per year at the elementary level, or nine hundred ninety (990) hours per year at the secondary level.[2]

At the elementary level, the following courses shall be taught: 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.

At the secondary level, 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; art; music; physical education; health; and safety education, including regular and continuous instruction in the dangers and prevention of fires.

Courses of study may include, at the discretion of the supervisor: economics; biology; chemistry; foreign languages; trigonometry; or other age-appropriate courses required by the State Board of Education.

Requirements of Supervisor

In order to demonstrate that appropriate education is occurring, the supervisor shall provide and maintain on file for each student enrolled in the home education program a portfolio of records and materials.[2]

The portfolio shall consist of a log, made contemporaneously with the instruction, that designates by title the reading materials used; samples of any writings; worksheets, workbooks or creative materials used or developed by the student; and in grades three, five and eight results of nationally normed standardized achievement tests in reading, language arts and mathematics or results of statewide tests administered in these grade levels.

The supervisor shall ensure that the nationally normed standardized tests or the statewide tests are not administered by the child's parent/guardian.

Evaluation Requirements

A teacher or administrator who evaluates a portfolio at the elementary level or secondary level shall meet the requirements established in law.[2]

An annual written evaluation of the student's educational progress as determined by a licensed clinical or school psychologist, a teacher certified by the Commonwealth, or a nonpublic school teacher or administrator is required. Any such nonpublic teacher or administrator shall have at least two (2) years of teaching experience in Pennsylvania public or nonpublic schools within the last ten (10) years. The evaluation shall also be based on an interview of the child and a review of the portfolio and shall certify whether or not an appropriate education is occurring. At the request of the supervisor, persons with other qualifications may conduct the evaluation with the prior consent of the Superintendent. In no event shall the evaluator be the supervisor or his/her spouse.

Documentation required by this policy shall be provided to the district Superintendent or designee at the conclusion of each school year. The Superintendent shall determine whether the child is receiving appropriate education, as defined in this policy and law, as a program consisting of instruction in the required subjects for the time required and in which the student demonstrates sustained progress in the overall program.

If the Superintendent or designee has a reasonable belief that, at any time during the

school year, appropriate education may not be occurring in the home education program, s/he may require documentation pertaining to the portfolio to be submitted to the district by certified mail with return receipt requested within fifteen (15) days, and the evaluation to be submitted within thirty (30) days.

If the Superintendent or designee determines, based on documentation, that appropriate education is not occurring, s/he shall send a letter to the supervisor stating that in his/her opinion appropriate education is not occurring in the home education program and shall return all documentation, specifying what aspect(s) of the documentation are inadequate.

The supervisor of the program shall have twenty (20) days from receipt of the certified letter to submit additional documentation demonstrating that appropriate education is taking place. If documentation is not submitted within that time, the home education program shall be out of compliance; and the student shall be promptly enrolled in the public or a nonpublic school.

Duration of Program

If the program is terminated by the supervisor prior to completion or in the middle of an academic year, the Superintendent shall have reason to believe that an appropriate education did not occur in the program and may initiate a portfolio review in accordance with law. In determining whether an appropriate education has occurred, the Superintendent may consider the premature termination of the program and the effects of premature termination on the student. Use of home education as a subterfuge to avoid the requirements of compulsory attendance violates the policy of this district and the purpose and intent of the School Code. Parents/Guardians who attempt such subterfuge shall be out of compliance with law and shall be prosecuted accordingly. If the required affidavit, portfolio, or evaluation contains material misrepresentations of fact, the district shall not consider home education to constitute a valid defense to a truancy prosecution.[2]

Parents/Guardians or legal custodians may initiate a home education program at any time. The program may continue, unless deemed out of compliance, through the end of the school year during which it is initiated. For each subsequent school year during which the parent/guardian or custodian wishes to provide home education, the parent/guardian or custodian shall submit to the Superintendent on or before August 1 immediately preceding the school year in question the notarized affidavit required by law.

Right of Hearing

The Board shall provide for a proper hearing by a duly qualified and impartial hearing examiner within thirty (30) days. The examiner shall render a decision within fifteen (15) days of the hearing, except that s/he may require the establishment of a remedial education plan mutually agreed to by the Superintendent and supervisor of the home education program which shall continue the home education program. The decision of the examiner may be appealed by either the supervisor or the Superintendent to the Secretary of Education or Commonwealth Court.[2]

If the hearing examiner finds that the documentation does not indicate that appropriate education is taking place in the home education program, the home education program shall be out of compliance; and the student shall be promptly enrolled in a public or nonpublic school.

Loan of Instructional Materials

The district shall, at the request of the supervisor, lend to the home education program copies of the school's planned courses, textbooks, and other curriculum materials appropriate to the student's age and grade level.[2]

Graduation Requirements

The following minimum courses in grades 9 through 12 are established as a requirement for graduation in a home education program: four (4) years of English; three (3) years of mathematics; three (3) years of science; three (3) years of social studies; two (2) years of arts and humanities.[2]

Participation in Driver's Education

Students who meet the age requirements may submit a request to participate in the district-sponsored driver's education instructional program. In order to participate in behind-the-wheel instruction, students must have successfully completed the classroom instruction offered by the district or a Pennsylvania Department of Education certified driver's education instructor. Students will be responsible for their own transportation to attend classroom and behind-the-wheel sessions, as scheduled. All fees associated with the program will be paid by the student.

Grade Level Placement

Students entering the Eastern Lancaster County School District will be placed in a grade closest to their chronological age, achievement level based on district norms, previous records, present program options and curriculum requirements.

Graduation/Attainment of Credits

Home education students, who wish to receive a diploma from Eastern Lancaster County School District, must enroll in the district for the entire twelfth grade year. Students who apply for admission in grades 9-12 will undergo a transcript evaluation to meet the district's graduation requirements including: course requirements, credit requirements and successful completion of a graduation project. Students who are admitted to the school district after grade 9 will not be included in class grade ranking.

Students With a Disability

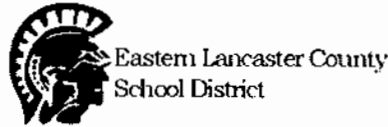
A home education program shall meet compulsory attendance requirements for a student with a disability only when the program addresses the specific needs of the student and is approved by a teacher with a valid education certificate from the Commonwealth to teach special education, or a licensed clinical or certified school psychologist. Written notice of such approval must be submitted with the required affidavit.[1]

The supervisor may request that the school district or intermediate unit of residence provide services that address the specific needs of a student with a disability.

When the provision of services is agreed to by both the supervisor and the school district or intermediate unit, all services shall be provided in the public schools or in a private school licensed to provide such programs and services.

- Legal
- 1. 24 P.S. 1327
 - 2. 24 P.S. 1327.1
 - 3. 22 PA Code 11.31a
 - 4. Pol. 203
 - 5. Pol. 209
 - 6. 24 P.S. 111

Last Modified by Danielle Marshall on November 13, 2014



Book	Policy Manual
Section	100 Programs
Title	Extracurricular Participation by Home Education Students
Number	137.1
Status	Active
Adopted	August 16, 2010

Authority

The Board shall approve participation in the district's extracurricular activities and interscholastic athletic programs by a student enrolled in a home education program who meets all the conditions stated in Board policy.[1][2][3][4][5]

The Board shall not provide individual transportation for students enrolled in home education programs who participate in the district's extracurricular activities or interscholastic athletic programs. When the district provides transportation to and from an away competition, game, event or exhibition and requires district students to use district transportation, home education students shall be required to use the transportation provided by the district.

Guidelines

Students attending home education programs shall be given an equal opportunity to compete for positions and participate in district extracurricular activities and interscholastic athletic programs.

A home education student may participate in extracurricular activities and interscholastic athletic programs only at the school building the student would be assigned to if s/he was enrolled in the school district.

Prior to trying-out or joining an activity, a home education student shall submit required documents and written verification of eligibility to the building principal or designee.

To be considered in attendance in accordance with Board policy, the home education student must participate in a full, normally scheduled academic program, in accordance with the planned home education program and submitted documentation. [5][6]

The following conditions shall govern participation in the district's extracurricular activities and interscholastic athletic programs by home education students, who shall:

1. Be a resident of the school district.
2. Meet the required eligibility criteria.[3][4]
3. Maintain appropriate insurance coverage, consistent with the coverage requirements for district students.[4]

4. Comply with Board policies and school rules and regulations regarding extracurricular activities, interscholastic athletics, and student discipline. [3][4][7]
5. Comply with policies, rules and regulations, or their equivalent, of the activity's governing organization. [1][2]
6. Meet attendance and reporting requirements established for all participants of the activity or program. [6]
7. Meet the requirements for physical examinations and physical fitness and any height and/or weight restrictions. [2][4]
8. Comply with all requirements and directives of the district staff, coaches and administrators involved with the extracurricular activity or interscholastic athletic program.

If a class for credit held during the school day by the school district is required for participation in activities that take place outside of the class, home education students shall not be eligible to participate in such activities.

Delegation of Responsibility

The building principal or designee shall ensure that home education students have access to information regarding the district's extracurricular activities and interscholastic athletic programs.

The building principal or designee shall receive and review verification from the parent/guardian that a student has met and continues to meet the established eligibility criteria for an extracurricular activity or interscholastic athletic program.

The building principal or designee shall distribute information regarding eligibility criteria and student participation in extracurricular activities and interscholastic athletics to all affected by them.

- Legal
1. 24 P.S. 511
 2. 24 P.S. 1327.1
 3. Pol. 122
 4. Pol. 123
 5. Pol. 137
 6. Pol. 204
 7. Pol. 218

Last Modified by Danielle Marshall on November 13, 2014