

WILLIAMSPORT AREA  
SCHOOL DISTRICT



HOME SCHOOLING  
PACKET

WILLIAMSPORT AREA SCHOOL DISTRICT  
OFFICE OF STUDENT SERVICES  
2780 WEST FOURTH STREET, WILLIAMSPORT, PA 17701  
(570) 327-5500, EXT. 40301

HOME EDUCATION PROGRAM

The Williamsport Area School District Policy 137, Home Education Programs can be found on the district website [www.wasd.org](http://www.wasd.org) under, Our District, Board Policies. Home Education Programs must be conducted in compliance with Pennsylvania Law, and Policy 137.

**Application/Affidavit:**

**Appendix A** is the application and affidavit required by the Williamsport Area School District for home schooling. The form must be submitted to Mrs. Kelli Neece, at the Williamsport District Service Center (address and contact listed below). Once the application has been reviewed and approved by the Director of Student Services a letter will be sent confirming approval by the school district. An affidavit is required for each individual child being enrolled in home schooling.

**Important Dates:**

Ongoing: All new applications and affidavits to conduct home schooling are requested at least (2) two weeks in advance of beginning home schooling.

June 30<sup>th</sup>: Evaluators certification must be submitted to the school district certifying appropriate education.

August 1<sup>st</sup>: Annually and prior to commencement of the Home Education Program a new affidavit is required to be submitted to the Williamsport Area School District along with academic goals.

August 12<sup>th</sup>: All requests for WASD materials are due. (**Appendix B**)

August 12<sup>th</sup>: All requests for participation in academic classes are due. (**Appendix C**)

August 12<sup>th</sup>: All requests for participation in PIAA Interscholastic Athletics are due. (**Appendix D**)

**Staff Contacts:**

Application/Affidavit: Mrs. Kelli Neece  
2780 West Fourth Street  
570-327-5500 x40301 Email: [kneece@wasd.org](mailto:kneece@wasd.org)

Director of Student Services: Dr. Brandon Pardoe  
2780 West Fourth Street  
570-327-5500 x40310 Email: [bpardoe@wasd.org](mailto:bpardoe@wasd.org)

Athletic Director: Mr. Sean McCann  
Williamsport Area High School  
570-323-8411 x 60507 Email: [smccann@wasd.org](mailto:smccann@wasd.org)

## **Regulations:**

Under School Board Policy 137, home educated students will be permitted to participate in curricular, co-curricular and athletic activities of the school district subject to administrative regulations and the availability of openings in the program after accommodating the needs of students enrolled on a full time basis. No special transportation accommodations will be provided to home educated students. Home educated students who wish to participate in any WASD activity will be required to complete a full enrollment registration packet and provide all required documentation. The school principal and staff will be responsible for supervision and discipline of home educated students while participating in school activities. Students will be expected to follow all rules and regulations of the Williamsport Area School District.

## **Materials:**

August 12<sup>th</sup> - Requests to use school materials must be submitted by this date for use the next school year.

Appendix B is used for all requests for materials, one request per student. The request form asks questions to help school staff better understand your interest in materials.

## **Homeschool Students Participating in WASD Academics**

Home school students enrolling in any WASD academic classes must complete the district student registration packet and provide all necessary documentation. Registration packet is available at [www.wasd.org](http://www.wasd.org) under, registration. Packets are also available from the registrar at the District Service Center. Students will not be able to start academic classes or co-curricular activities until all documentation and forms have been completed.

Appendix C is used for all requests to participate in curricular academic classes. The request form is used to ensure students are placed in the correct academic class. Requests that are made after the August 12<sup>th</sup> deadline will still be accepted but will be based on availability in the requested class.

\*No special transportation accommodations will be provided for students taking academic classes.

## **Homeschool Students Participating in WASD PIAA Interscholastic Athletics**

Home school students wishing to participate in PIAA Interscholastic athletics must complete the district student registration packet and provide all necessary documentation. The district registration portal is available online at [www.wasd.org](http://www.wasd.org) under, registration. Registration can also be completed at the District Service Center. Students will not be able to start athletics until all documentation and required forms have been completed.

An athletic physical and PIAA paperwork must also be completed for participation. This information is available on the wasd.org website, under student services, home education programs.

\*For all PIAA athletics, all procedures and guidelines enforced by the PIAA and WASD schools must be met in order to be eligible to participate.

Appendix D is used for all PIAA Interscholastic athletics requests and is due by August 12<sup>th</sup>. Requests made after the August 12<sup>th</sup> deadline will still be accepted, but cannot guarantee participation if sport season has already started.

\*No special transportation accommodations will be provided for students participating in athletics.

**Appendix A**  
WILLIAMSPORT AREA SCHOOL DISTRICT  
OFFICE OF STUDENT SERVICES  
2780 WEST FOURTH STREET, WILLIAMSPORT, PA 17701  
(570) 327-5500, EXT. 40301

**AFFIDAVIT OF THE SUPERVISOR OF A HOME EDUCATION PROGRAM**

To the superintendent of the Williamsport Area School District I attest that I

\_\_\_\_\_  
(name of supervisor)  
am the parent, guardian or legal custodian of \_\_\_\_\_ aged \_\_\_\_\_.  
(name) (age)

I attest 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)

1. I attest that the home education program will be in compliance with Section 13-1327.1 of Pennsylvania Statutes Annotated.

2. I attest that the subjects listed in paragraphs below will be offered in the English language for a minimum of 180 days of instruction, or for a minimum of 900 hours at the elementary level and 990 hours at the secondary level. Secondary age is considered seventh through twelfth grade.

**At the Elementary school 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. Other courses may be included at the discretion of the supervisor. The following minimum courses in grades nine through twelve are established as a requirement for graduation in a home education program: 1) Four years of English; 2) Three years of mathematics; 3) Three years of science; 4) Three years of social studies, 5) Two years of arts and humanities.

3. I attest that the education objectives in the home education program are by subject area as attached to this affidavit. (attach objectives)

4. If a child in the home education program has been identified pursuant to the provisions of the education of the handicapped act as needing special education services, excluding those students identified as gifted or talented, then also attached is written notification of approval from a Pennsylvania certified special education teacher, or a licensed clinical psychologist, or a certified school psychologist that this program addresses the specific needs of the student.

5. I attest that \_\_\_\_\_ has been immunized against the  
(student name)  
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
- b. Tetanus
- c. Poliomyelitis
- d. Measles (Rubeola)
- e. German Measles (Rubella)
- e. German Measles (Rubella)
- f. Mumps
- g. Hepatitis B

6. I attest that \_\_\_\_\_ has received the health and medical  
(student name)  
services 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, a hearing test, a measurement of height and weight, tests for tuberculosis under medical supervision and other tests required by the Advisory Health Board. Children upon entry into school and in 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.

7. I attest that no adult living in the home, including the undersigned supervisor, or any person having legal custody of \_\_\_\_\_  
(student name)

has been convicted within five years of today's date of any of the following offenses under Section 111 of the Pennsylvania Consolidated Statutes.

- Chapter 25 (relating to criminal homicide).
- Section 2702 (relating to aggravated assault).
- Section 2901 (relating to kidnapping).
- Section 2902 (relating to unlawful restraint).
- 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 3125 (relating to aggravated indecent assault).
- Section 3126 (relating to indecent assault).
- Section 3127 (relating to indecent exposure).
- 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 (relating to corruption of minors).
- Section 6312 (relating to sexual abuse of children).
- An offense designated as a felony under the act of April 14, 1972 (P.L. 233, No. 63) known as "the Controlled Substance, Drug, Device and Cosmetic Act"
- An out-of-State or Federal offense similar in nature to those crimes listed above.

Signed and notarized

Attachments:

\_\_\_\_\_  
Supervisor's signature

- Education objectives by subject matter
- Evidence of immunization
- Evidence of health and medical service

**Sworn and subscribed to me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_**

\_\_\_\_\_  
**Notary Public**

**NOTARIZATION:**

File with Superintendent of WASD, prior to the Commencement of the Home Education Program, and annually thereafter by August 1.

**APPENDIX B**  
**WILLIAMSPORT AREA SCHOOL DISTRICT**  
**OFFICE OF STUDENT SERVICES**  
2780 WEST FOURTH STREET, WILLIAMSPORT, PA 17701  
(570) 327-5500, EXT. 40301

**MATERIALS REQUEST FORM**  
**Must be Submitted by August 12<sup>th</sup>**

Return to:  
Office of Student Services

Date \_\_\_\_\_ School Year \_\_\_\_\_

Student's Name \_\_\_\_\_

Grade \_\_\_\_\_

Supervisor \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ E-Mail \_\_\_\_\_

Materials requested (please be very specific as to text, titles, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Questions you may have regarding materials for the home schooling plan you are implementing.

\*All materials borrowed from WASD must be returned by June 30<sup>th</sup> when evaluators certification is submitted.

**APPENDIX C**  
WILLIAMSPORT AREA SCHOOL DISTRICT  
OFFICE OF STUDENT SERVICES  
2780 WEST FOURTH STREET, WILLIAMSPORT, PA 17701  
(570) 327-5500, EXT. 40301

**WILLIAMSPORT AREA SCHOOL DISTRICT**  
**Academic Class Participation Request**  
**Must be submitted by August 12<sup>th</sup>**

**Return To:**  
**Office of Student Services**

Date \_\_\_\_\_ School Year: \_\_\_\_\_ Building: \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Supervisor \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ E-Mail \_\_\_\_\_

Courses in which student would like to enroll.

Are there any limits as to periods/times in which the student may take the course(s)?

Are there any special circumstances with regard to this request?

**APPENDIX D**  
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**WILLIAMSPORT AREA SCHOOL DISTRICT**  
**PIAA ATHLETICS REQUEST**

**Return To:**  
**Office of Student Services**

Date \_\_\_\_\_ School Year \_\_\_\_\_

Student's Name \_\_\_\_\_

Grade \_\_\_\_\_

Supervisor \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ E-Mail \_\_\_\_\_

List sports in which the student would like to participate.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_