

**ED BARICH**  
**PARK COUNTY SUPERINTENDENT OF SCHOOLS**  
**414 EAST CALLENDER STREET**  
**LIVINGSTON, MT 59047**  
Phone: 406-222-4148  
Fax: 406-222-4199  
E-mail: [cosupt@parkcounty.org](mailto:cosupt@parkcounty.org)

**HOME SCHOOL REGISTRATION**

The receipt of this by the County Superintendent of Schools about your intention to home school your children will insure compliance with Section 20-5-109 (5) MCA.

An immunization form should be included if this is the first year as a home school or if changes have been made since last year.

Please contact me at 222-4148 if you have any questions.

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The following student(s) will be home schooled for the 2011 - 2012 school year.

Student Name	Date of Birth	Age	Grade	District of Residence
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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\_\_\_\_\_ Signature

Parent or Guardian (please print or type) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_ E-mail Address \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE COMPLETE "NOTIFICATION OF OPPORTUNITY TO PARTICIPATE IN  
FEDERALLY FUNDED PROGRAMS" ON BACK OF THIS SHEET.**