

## Lisa Rosberg Superintendent of Schools

414 East Callender St. Livingston, MT 59047
e: cosupt@parkcounty.org www.parkcounty.org
o: 406.222.4148
c: 406.823.0115 f: 406.222.4199

## 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: Nonpublic school requirements for compulsory enrollment exemption. To qualify its students for exemption from compulsory enrollment under Section 20-5-102, MCA, a nonpublic or home school shall

- (1) maintain records on pupil attendance and disease immunization and make the records available to the County Superintendent on request:
- (2) shall provide the minimum aggregate hours of pupil instruction in accordance with 20-1-301 and 20-1-302;
- (3) be housed in a building that complies with applicable local health and safety regulations;
- (4) provide an organized course of study that includes instruction in the subjects required of public schools;
- (5) in the case of home schools, shall notify the County Superintendent of Schools, of the county in which the home school is located, **in each school fiscal year** of the student's attendance at the school.
  - 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.  ===================================							
						<del></del>	
Parent or Guardian (please print or type)			Signatu	ıre			
Address	City			State	Zip		
Mailing Address (if different):							
E-mail Address		Pho	one		-	Date	

## Please:

- Send updated student immunization records
- Send student attendance records for previous year (2022-23) if you haven't already
- Fill in reverse side of this form: NOTIFICATION OF OPPORTUNITY TO PARTICIPATE IN FEDERALLY FUNDED PROGRAMS

Public school districts are required by law to o	contact private and home schools concerning their
opportunity to participate in federally funded	education programs. A summary of federally funded
programs is provided on the attached page. P	lease indicate your choice of participation by checking
either (Yes) or (No) below. If no option is sel	lected or if this form is not returned, the default selection
is (Yes).	
Yes, I wish to be contacted regarding	participation in federal programs.
No, I do not wish to be contacted reg	arding federal programs.
Parent/Guardian Signature	Date