

### Lisa Rosberg

# County Superintendent of Schools

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#### INTENT TO HOME SCHOOL

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.

The following student(s) will be home schooled for the 2025 - 2026 school year.				
Student Name	Date of Birth	n Age Grade	District of Residence	
Parent or Guardian (please print or type)		Signature		
Address	City	State	Zip	
Mailing Address (if different):				
E-mail Address	P1	hone	Date	

### **Please**

- <u>Send</u> updated student immunization records
- Send student attendance records for previous year (2024-25) if you haven't already
- Keep the new copy of the attendance record for this year
  - Fill in reverse side of this form: NOTIFICATION OF OPPORTUNITY TO PARTICIPATE IN FEDERALLY FUNDED PROGRAMS

## NOTIFICATION OF OPPORTUNITY TO PARTICIPATE IN FEDERALLY FUNDED PROGRAMS

opportunity to participate in federally funded programs is provided on the following page.	w to contact private and home schools concerning their education programs. A summary of federally funded Please indicate your choice of participation by checking
is (Yes).	elected or if this form is not returned, the default selection
15 (105).	
Yes, I wish to be contacted regarding	participation in federal programs.
No, I do not wish to be contacted reg	- · · · · · · · · · · · · · · · · · · ·
D 1/C 1: C:	D. /
Parent/Guardian Signature	Date