



Lisa Rosberg 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.

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 2024 - 2025 school year.

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

Parent or Guardian (please print or type) Signature

Address City State Zip

Mailing Address (if different): _____

E-mail Address Phone Date

Please:

- **Send updated student immunization records**
- **Send student attendance records for previous year (2023-24) 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 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. Please indicate your choice of participation by checking either (Yes) or (No) below. If no option is selected 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 regarding federal programs.

Parent/Guardian Signature

Date