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 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) provide an organized course of study that includes instruction in the subjects required of public schools;
(4) 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.*

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 2026 - 2027 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 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

Your public school districts is 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 following 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