

HOME SCHOOL NOTIFICATION
FLATHEAD COUNTY SUPERINTENDENT OF SCHOOLS

Home School Parent - Please return this page to the County Superintendent's Office

**If opened with Adobe, you can fill out online and email to return it*

email to: sscontactus@flathead.mt.gov

fax: (406) 758-5850

Mail: Flathead County
Superintendent of Schools
290 C North Main
Kalispell, MT 59901

I have _____ student(s) attending home school for the school year 20____ - 20____. I reside in the _____ school district.

<u>Student's Name</u>	<u>Date of Birth</u>	<u>Grade</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of last school attended: _____
Last year to attend the above mentioned school: _____

Do you want to be contacted to participate in any federal programs available through the school district? _____yes _____no

*** This form represents enrollment and is not an indication of an educational program. ***

Section 20-5-109, MCA, Nonpublic school requirements for compulsory enrollment exemption. To qualify its students a nonpublic or home school shall:

- (1) maintain records on pupil attendance and disease immunization and make records available to the County Superintendent on request;*
- (2) shall provide at least the minimum aggregate hours of public 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, notify the County Superintendent of Schools, of the county in which the home school is located, in each fiscal year of the student's attendance at the school.*

History: En. Sec. 2, Ch.355, L 1983; and Sec. 3, Ch. 496, L 1989

Parent or Guardian Signature *Parent or Guardian (print)*

Address *Phone*

City *State* *Zip* *Date*