

ROSEBUD COUNTY HOME SCHOOL ANNUAL NOTIFICATION

P.O. Box 407, 1200 Main Street
County Courthouse 1st Floor
Forsyth, MT 59327
2023- 2024

Dear Parent:

To assist in annual notification of your intent to home school your child/children, please complete the following forms. They will ensure compliance with Section 20-5-109 (5), MCA and that you are notified of opportunities to participate in federal programs. You can mail them to the above address or fax them to **1-406-346-7551**. If you have questions, please call my office at **1-406-346-2537**, or e-mail me at lblevins@rosebudcountymt.com

Lisa Blevins
Rosebud County Superintendent of Schools

I have _____ student (s) attending home school for the school year 2023-2024.

I reside in school district # _____.

OR My child/children would attend _____ School (if they were to attend public school).

Student's Name	Date of Birth	Elementary (E) High School (HS)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Section 20-5-109, 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.*

Parent or Guardian (print or type)	Parent or Guardian (signature)
Residence Address	Date
Mailing Address (if different)	
City	State
Zip	Phone

For Office Purposes HS Name _____ Parent Name _____

HS/HSRPT2.D Fed. _____ Attn. _____ Immun. _____
7/25/17 Records Requested _____ Records Received _____