HOMESCHOOL NOTIFICATION

CUSTER COUNTY SUPERINTENDENT OF SCHOOLS

Carla J Begger 1010 Main Street Suite # 10 Miles City, MT 59301

Dear Parent:

School District of Residence

form. This participate i	will ensure compliance	with Section	on 20-5-109(5), MC	your child/children pleas A, and that you are notifi to 874-3452. Please con	
I have	student(s) attending a home school for school year					
	Student's Name				Date of Birth	Grade
Parental Co	mments:					
exemption from (1) maintai schools (2) provide (3) be hous (4) provide pursuar (5) in the c	n compulsory enrollment ur n records on pupil attendan on request: at least 1080 hours of pupi sed in a building that compli an organized course of stud at to 20-7-111; and	nder Section 20 ce and disease I instruction or es with applica dy that include the county su	0-5-102, MCA, a re immunization are the equivalent in able local health as instruction in the perintendent of se	nonpubl nd make n accord and safe ne subje	the records available to the orance with 20-1-301 and 20-1-3ty regulations;	ounty superintendent of 302; as a basic instructional program
Parent (Print)					Parent (Signature)	
Address					Date	
City	S	tate Zip			Phone	

E-mail Address