

512 California Avenue Libby, MT 59923	Email:	tmcfadden@libby.org	Phor	ne: 406-283-2464
School District your child (ren) would	attend, if not being	home schooled:		
Student's Name	Date of Birth	Grade		
(check here if additional names a	are on the back of th	is form)		
As a home school, you are eligible to district in which you live. Do you war school district?yes * This form represen	it to be contacted to no	participate in any fee	•	nrough the
Section 20-5-109, MCA, Nonpublic school req shall: (1) maintain records on pupil attendance and (2) shall provide at least the minimum aggreg (3) be housed in a building that complies with (4) provide an organized course of study that (5) in the case of home schools, notify the Cou the student's attendance at the school. History: En. Sec. 2, Ch.355, L 1983; and Sec. 3	disease immunization a pate hours of public instru- applicable local health o includes instruction in th unty Superintendent of So	nd make records available uction in accordance with and safety regulations; e subjects required of pub	to the County Superintendent or 20-1-301 and 20-1-302; lic schools;	n request;
Mailing Address		Resident address (if	different than mailing address)	
City	State Zip		Date	
Email (optional)				
Parent or Guardian (print)		Parent	or Guardian Signature	

Please return completed form to Lincoln County Superintendent office via email, mail or office drop box.