



# HOME SCHOOL NOTIFICATION 2025-26

LINCOLN COUNTY SUPERINTENDENT OF SCHOOLS



512 California Avenue, Libby, MT 59923

Email:srios@libby.org

Phone:406-283-2464

School District your child (ren) would attend, if not being home schooled:

\_\_\_\_\_

Student's Name

Date of Birth

Grade

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_ (check here if additional names are on the back of this form)

As a home school, you are eligible to participate in any federal education programs that are offered by the school in the district in which you live. Do you want to be contacted to participate in any federal programs available through the school district? ☐ yes ☐ no

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

*Section 20-5-109, MCA, Non-public school requirements for compulsory enrolment exemption. To qualify its students o non-public 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*

\_\_\_\_\_ Mailing Address

\_\_\_\_\_ Residential Address (if different than mailing)

\_\_\_\_\_ 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 on 418 Main Ave. Libby**