

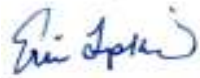
**HOME SCHOOL REPORT**  
**MISSOULA COUNTY SUPERINTENDENT OF SCHOOLS**  
**SCHOOL YEAR 2018-19**

Dear Parent:

To assist in annual notification of your intention to home school your child(ren), the following form may be used.

Please contact me at 406-258-4860 if you have any questions.

Sincerely,



Erin R. Lipkind  
County Superintendent of Schools  
410 West Spruce  
Missoula, MT 59802  
FAX: (406) 258-3973

Public School of Residence: \_\_\_\_\_ (if known)

Student's Name	Age	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parental Comments: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian (print or type)                      Parent or Guardian (signature)

\_\_\_\_\_  
Residence Address    Date

\_\_\_\_\_  
Mailing Address (if different)

\_\_\_\_\_  
City                                      Zip                                      Phone