

Blaine County Superintendent of Schools



Blaine County Courthouse

420 Ohio Street
PO Box 819
Chinook, MT 59523

Valerie M. White

Phone (406) 357-3270

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vwhite@blainecounty-mt.gov

Dear Home School Parent,

You have made an important decision and a strong commitment to your child (children). Montana law (**M.C.A. 20-5-109**), allowing for compulsory school enrollment **exemption**, accommodates this family choice.

Your commitment to your child (children) includes an "organized course of study" as required by law (**M.C.A. 20-5-109**). You, as the provider of your child's education, are responsible for determining/obtaining the curriculum to be used. A list of resources can be found in this packet.

Also enclosed in this packet you will find a home school notification form which needs to be updated and returned to this office on an annual basis for as long as you continue to home school. Please do so by September 15th of each year. This document serves as verification that your child is attending school, therefore not being labeled as 'truant'. It also serves as documentation for (re)entrance into public school, admittance to colleges, universities or military.

For your convenience I am also sending an attendance form. At the end of each semester, please send a copy of this attendance record to be kept in your child's permanent record file here in the county superintendent's office. Per MCA 20-5-109, home school attendance must be documented.

The Montana Coalition of Home Education, www.mtche.org, is a great resource for home educators. The Hi-Line Home Educators support group is also willing to answer any questions and provide information; they serve Hill and Blaine counties. Contact Kent and Lois Gilge, 262-9755; or Doug and Betty Boyce, 265-6957, dougandbettyboyce@msn.com.

Thank you and have a good school year.

Respectfully,

Valerie M. White
Blaine County Superintendent of Schools

BLAINE COUNTY SUPERINTENDENT OF SCHOOLS

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HOME SCHOOL NOTIFICATION

School Year: _____

Date: _____

Last public school attended: _____

School District of Residence: _____

Student's Name	Date of Birth	Age	Grade Level
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PARENT OR GUARDIAN (print or type)

SIGNATURE OF PARENT/GUARDIAN

Physical Address City State Zip

Mailing Address (if different than physical address) City State Zip

Phone:

Email Address

Notification of your intention to home school your child(ren) will ensure compliance with MCA 20-5-109(5).

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. Please mark if you are interested in receiving a participation form in the spring.

Title I Improving the Academic Achievement of the Disadvantaged
Title IIA Teacher Training and Recruitment
Title III English Language Acquisition for Limited English Proficient and Immigrant Students
Title IVB 21st Century Community Learning Centers

_____ I wish to receive a participation form in the spring.

_____ I do not wish to receive a participation form in the spring.