

**SHERIDAN COUNTY SUPERINTENDENT OF SCHOOLS**

**100 West Laurel Avenue**

**Plentywood, Montana 59254 -1699**

406.765.3403 voice 406.765.2609 fax

record\_supt@co.sheridan.mt.us

**HOME SCHOOL NOTIFICATION**

The receipt of this form by the County Superintendent of Schools about your intention to home school your child or children will ensure compliance with Section 20-5-109(5), MCA.

June A. Johnson  
Sheridan County Superintendent of Schools

**These student(s) will be enrolled in home school for the 20\_\_\_\_ - \_\_\_\_ school year:**

Student name	Date of Birth	Grade K , 1-8, or 9-12
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
**Name of Parent or Guardian (Please Print)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Residence Address**

\_\_\_\_\_  
**City**

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

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**School district of Residence**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**e-mail address (optional, but it would help in getting information to you)**