# HOME SCHOOL REPORT
# MISSOULA COUNTY SUPERINTENDENT OF SCHOOLS
# SCHOOL YEAR 2011-12

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
438 West Spruce
Missoula, MT 59802
FAX: (406) 258-3973

School of Residence: _____ (if known)

| Student's Name | Age | Grade |
|---|---|---|
| | | |
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| | | |
| | | |
| | | |
| | | |

Parental Comments:_____

_____

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_____ _____
Parent or Guardian (print or type) Parent or Guardian (signature)

_____ _____
Residence Address Date

_____
Mailing Address (if different)

_____ _____ _____
City Zip Phone