

Sanders County Homeschool Report Form

School Year: _____

School District of Residence: _____

Dear Parent,

This form is the required annual notification of your intent to homeschool your child(ren). Please fill it out completely and return it to our office by September 20th of each school year, if possible.

Please feel free to contact me if you have any questions.

Sincerely,

Nichol Scribner
Sanders County Superintendent of Schools
1111 Main Street
PO Box 519
Thompson Falls, MT 59873
406-827-6922 / 406-827-6970(fax)
nscibner@co.sanders.mt.us

Please list all students to be homeschooled:

First Name	MI	Last Name	Date of Birth	Grade
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Residential Address

Mailing Address (if different)

Parent Name (First, MI, Last - Printed)

Parent Signature

Phone Number

Additional Comments:

Email

Date received by Superintendent's Office: in person / by mail / by email / by fax: _____