# HOME SCHOOL REPORT
# MISSOULA COUNTY SUPERINTENDENT OF SCHOOLS
# SCHOOL YEAR 2026-2027

Dear Parent:

To assist in annual notification of your intention to home school your child(ren), the following form may be used. If you have any questions, contact me at 406-258-4860.

Sincerely,

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

Public School of Residence: _____ (if known)

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

Parental Comments: _____

_____

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

_____ _____
Residence Address Date

_____ _____
Mailing Address (if different) Email Address

_____ _____ _____
City Zip Phone