



**ROOSEVELT COUNTY SUPERINTENDENT OF SCHOOLS
ROOSEVELT COUNTY COURTHOUSE
400 2ND AVE SOUTH, SUITE 210
WOLF POINT MT 59201
406-653-6266
Email: clerkofcourt.roosevelt@mt.gov**

**HOME SCHOOL REGISTRATION
SCHOOL YEAR 2024-2025**

DATE _____

Please complete the following information to ensure compliance with §20-5-109, MCA and to ensure that your home school is notified of opportunities to participate in federal education programs.

Student's name	Date of Birth	Age/Grade	Last school attended
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parent/Guardian Signature _____

Parent/Guardian (print or type)	Address	Phone number
_____	_____	_____
_____	_____	_____