



**John Nielson**  
Gallatin County Superintendent of Schools

311 West Main Street Room 107 ☰ Bozeman, MT 59715 ☰ 406.582.3090 ☰ superintendentofschools@gallatin.mt.gov

### Intention to Home School Notification

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

Please complete the following form and return it by mail, email, or fax at (406) 582-3093.

For questions, contact the office at (406) 582-3090.

These students will be enrolled in home school for the \_\_\_\_\_ - \_\_\_\_\_ school year.

Student's Name	Date of Birth	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

In order to satisfy all sections of state law, specifically 20-5-109(2-4), the following additional information is necessary.

- Maintain records on student attendance and disease immunization and make records available to the County Superintendent of Schools
- Provide the minimum aggregate hours by grade (720 hours grades 1-3; 1,080 hours grades 4-12) as outlined in 20-1-301
- Be housed in a building that complies with applicable local health and safety regulations
- Provide an organized course of study that includes instruction in the subjects required of public schools as a basic instructional program pursuant to 20-7-111

\_\_\_\_\_  
Parent or Guardian Name (print or type)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Phone

\_\_\_\_\_  
Email address

My child (children) would attend \_\_\_\_\_ School District if enrolled in public school.

Public school districts are required by law to contact private and home schools concerning their opportunity to participate in federally funded education programs. A summary of federally funded programs is provided on the attached page. Please indicate your choice of participation. If no option is selected or if this form is not returned, the default selection is (Yes).

**Yes, I wish to be contacted regarding participation in federal programs.**

**No, I do not wish to be contacted regarding federal programs.**

\_\_\_\_\_  
Parent/Guardian Signature Date



# ATTENDANCE RECORD

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Month Total	YTD		
Sept																																			
Oct																																			
Nov																																			
Dec																																			
Jan																																			
Feb																																			
March																																			
April																																			
May																																			
June																																			
July																																			
Aug																																			

Parent/Guardian's Name (please print): \_\_\_\_\_

Child's Name: \_\_\_\_\_

School Year: \_\_\_\_\_

All nonpublic schools must provide the minimum aggregate hours.  
 360 hours for kindergarten  
 720 hours for grades 1-3  
 1080 hours for grades 4-12

When your school year is complete please mail a copy of your attendance to the Gallatin County Superintendent of School's Office, 311 W. Main, Room 107, Bozeman, MT 59715. **(Note: you can create your own attendance form, use this sample, or email [superintendentofschools@gallatin.mt.gov](mailto:superintendentofschools@gallatin.mt.gov) stating you have completed the minimum aggregate hours for the school year.)**



# Medical Exemption Statement

Form HES 101A  
Montana Schools



For questions, contact the Montana Department of Immunizations at (406) 444-5580

A prospective student seeking to enroll in a Montana school is not required to receive any immunizations for which they are medically contraindicated. The Medical Exemption Statement, may be completed by a qualifying healthcare provider and utilized as an exemption. In lieu of this form, a written and signed statement from a qualifying healthcare provider will also be accepted under the conditions outlined in ARM 37.114.715.

Pursuant to HB 334 (Ch. 294, L. 2021), a qualifying healthcare provider means a person who: (1) is licensed, certified, or authorized in any U.S. State or Canada to provide health care; (2) is authorized within the person's scope of practice to administer the immunization(s) to which the exemption applies; and (3) has previously provided health care to the student or has administered a vaccine to which the student has had an adverse reaction. Once completed, this form should be filed at the student's school along with their most current immunization record.

Student Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Student Address: \_\_\_\_\_ Student Date of Birth: \_\_\_\_\_

Select the vaccine(s) needing medical exemption, then provide a brief description of the contraindication or precaution for each vaccine:

- |  |  |
|--|--|
| <input type="checkbox"/> DTaP (Diphtheria, Tetanus, and Pertussis)   | <input type="checkbox"/> MMR (Measles, Mumps, and Rubella) |
| <input type="checkbox"/> Tdap (Diphtheria, Tetanus, and Pertussis)   | <input type="checkbox"/> IPV (Polio)                       |
| <input type="checkbox"/> Varicella (Chickenpox)                      | <input type="checkbox"/> Other: _____                      |
| <input type="checkbox"/> Hib ( <i>Haemophilus influenzae</i> type b) |  |

Contraindication/Precaution:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A complete list of medical contraindications and precautions can be found on the Centers for Disease Control and Prevention's website:  
<https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html>

Duration of exemption: \_\_\_\_\_

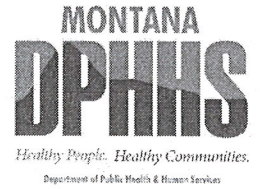
Provider's Name (print): \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Affidavit of Exemption on Religious Grounds

Form HES 113  
Montana Schools



For questions, contact the Montana Department of Immunizations at (406) 444-5580

**Student's Full Name** \_\_\_\_\_ **Birth Date** \_\_\_\_\_ **Age** \_\_\_\_\_ **Sex** \_\_\_\_\_

School: \_\_\_\_\_

If student is under 18, name of parent, guardian, or other person responsible for student's care and custody: \_\_\_\_\_

Street address and city: \_\_\_\_\_

Telephone: \_\_\_\_\_

I, the undersigned, declare under penalty of perjury that immunization against the following is contrary to my religious tenets and practices (check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> <i>Diphtheria, Pertussis, Tetanus (DTaP, DT, Tdap)</i> | <input type="checkbox"/> <i>Polio</i>                  |
| <input type="checkbox"/> <i>Measles, Mumps and Rubella (MMR)</i>                | <input type="checkbox"/> <i>Varicella (chickenpox)</i> |
| <input type="checkbox"/> <i>Haemophilus Influenzae type b (Hib)</i>             | <input type="checkbox"/> <i>Other: _____</i>           |

I also understand that:

Pursuant to section 20-5-405, MCA, in the event of an outbreak of one of the diseases listed above, the above-exempted student may be excluded from school by the local health officer or the Department of Public Health and Human Services until the student is no longer at risk for contracting or transmitting that disease.

\_\_\_\_\_  
Signature of parent, guardian, or other person responsible for the above student's care and custody; or of the student, if 18 or older. \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Seal

\_\_\_\_\_  
**Signature:** Notary Public for the State of Montana

\_\_\_\_\_  
**Print Name:** Notary Public for the State of Montana

Residing in \_\_\_\_\_  
My commission expires \_\_\_\_\_

## Home School Families with High School Students:

As your student enters high school, your choice of an organized course of study will be important should you choose to enter public high school later. To issue a high school diploma, public school districts must follow an educational program set by the State of Montana, which includes required units of coursework and credit hours. Choosing to home school without an accredited high school curriculum could be problematic. For this reason, it is recommended you discuss your schooling options with a high school administrator or guidance counselor. Please note that each high school has its own policies regarding part-time attendance, graduation requirements, credits for correspondence, distance learning, and online courses. The HiSet (High School Equivalency Test, call 406.522.6012 for information) is Montana's source of a high school graduation equivalence test.

A high school diploma is not granted from home school. Online learning providers may offer transcripts and diplomas that potentially fit the need of higher education and work applications. Each school or workplace may have different policies regarding diplomas or transcripts.

### Some Distance Learning Providers:

Acellus Academy [www.acellusacademy.com](http://www.acellusacademy.com)  
Apex Learning [www.apexlearning.com](http://www.apexlearning.com)  
BYU Independent Study <http://elearn.byu.edu>  
Edmentum [www.edmentum.com](http://www.edmentum.com)  
Florida Virtual School [www.flvs.net](http://www.flvs.net)  
Greenways Academy <http://greenwaysacademy.com>  
Imagine Learning [www.imaginelearning.com](http://www.imaginelearning.com)  
Innovations Online Education, Inc. [www.innovationsonlineed.com](http://www.innovationsonlineed.com)  
Montana Digital Academy [www.montanadigitalacademy.org](http://www.montanadigitalacademy.org)  
Nelson Academy of Agricultural Sciences [www.allagonline.com](http://www.allagonline.com)

### Montana graduation requirements: 10.55.905

- 1 As a minimum, a school district's requirements for graduation shall include a total of 20 units of study that enable all students to meet the content standards and content-specific grade-level learning progressions.
- 2 In order to meet the content and performance standards, the following 13 units shall be part of the 20 units required for all students to graduate:
  - a- 4 units of English language arts
  - b- 2 units of mathematics
  - c- 2 units of social studies
  - d- 2 units of science
  - e- 1 unit of health enhancement, with 1/2 unit each year for two years
  - f- 1 unit of arts
  - g- 1 unit of career and technical education
- 3 Units of credit earned in any Montana high school accredited by the Board of Public Education shall be accepted by all Montana high schools.
- 4 In accordance with the policies of the local board of trustees, students may be graduated from high school with less than four years enrollment.

### Home School Resources that may be helpful:

Montana Coalition of Home Educators [www.mtche.org](http://www.mtche.org)