



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 2025-2026

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)

Phone number

--	--

Mailing Address:

--

Physical Address:

--

Email (optional): _____

Are any students participating in an Educational Savings Account? _____

If so who: _____

☐ OPT OUT of receiving notifications about participating in Federal programs from the Office of Public Instruction (OPI)