DISTRICT ADMINISTRATIVE OFFICE

418 Highland Street • Williamston, MI 48895 • p. 517.655.4361 • f. 517.655.7500



Non-Resident Application

Student's Legal Name:	Grade in 2025-2026:
Legal Gender:	Date of Birth:
*Resident School District:	County of Residence:
*School district where you currently reside: (You must attach proof of reside	encyfor example, mortgage payment, property tax receipt, utility bill, etc.)
Was Williamston Community Schools the most re	ecent school the above-named student attended?
If yes, and they moved out of the district, when d	id he/she move out?
If no, name of school(s) student attended last:	
Parent/Guardian(s)	
Street Address	
City	Zip
Email(s)	
Preferred Phone Number	
mother's phone #:	father's phone #:
Why are you choosing to request a transfer to thi	is district?
	ll applicants who reside outside of Ingham e School District.
Does your child have an IEP or receive special	al education services? Yes* No
related to the payment of added costs for the provision of s	reement between the enrolling district and resident district special education programs and services as a condition of the greement, Williamston Community Schools is prohibited from

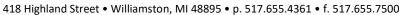
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St	udent Discipline - This section must be completed for the application to be processed.
1.	Has your child ever been expelled? *If yes, please return your application with a completed Suspension/Expulsion Verification Form.
2.	Has your child been suspended from a school within the last 24 months? Yes* No *If yes, please return your application with a completed Suspension/Expulsion Verification Form.
3.	Has your child ever been convicted of a felony? Yes No
_	we my permission for the release of information to Williamston Community Schools regarding suspensions within the past two years as well as any expulsions involving my child.
	Yes* No
Will	e verification form must be completed if the student has been suspended in the last 24 months or ever expelled. amston Community Schools may deny enrollment to a student who has been suspended in the last 24 months or who ever been expelled or convicted of a felony.
edu Act dist edu resi stud agre resi	se Note: If your application for enrollment is accepted and the student is eligible for special cation programs and services under the requirements of Section 105c(18) of the State School Aid of 1997, actual enrollment cannot occur until this district reaches a written agreement with the rict in which you reside. This agreement is for the purpose of providing a free appropriate public cation to the student and must include an agreement between both districts related to onsibility for the payment of the added costs of special education programs and services for the ent. If an agreement cannot be reached, enrollment is not allowed. Under Section 105(c), should a ent become eligible for special education services, our district has an obligation to reach said ement. If said agreement is not reached, your student may be asked to return to his or her dent district.
info	rtify that all information on this form is complete and accurate and understand that if the rmation is not accurate, my child may be dismissed from attendance at Williamston imunity Schools to the extent permitted or required by state law.
Par	ent/Guardian Signature: Date:
1O	ficial Use Only: Student admitted? Yes Bldg Grade No

DISTRICT ADMINISTRATIVE OFFICES





RESIDENT DISTRICT RELEASE OF STATE FUNDING

Date:	
Го:	
	-referenced student into the Williamston Community School as of the following date:
	Act, approval from the student's District of Residence is required in ease indicate your approval/disapproval and return this form to:
	Williamston Community Schools
	Rachel Foster
	418 Highland Street
	Williamston, MI 48895
	Email: fosterr@gowcs.net
	Fax: 517-655-7500
Student:	
A 1.1	
Reason for the request:	
Transportation of the student to a parent(s)/legal guardian(s).	and from school shall be the sole responsibility of the student's
Print Parent Name	Parent Signature
This student IS released to V	Williamston Community Schools for the 2025-2026 school year.
This student is NOT released	d to Williamston Community Schools.
Releasing Superintendent/Design	ee Signature:
Printed Name:	
Title:	Date:



PROOF OF RESIDENCY AFFIDAVIT

Student's resident address:

Name of student(s):	1)			
(One form per family	,			
please list all students)	2)			
	3)			
	4)			
	Last	First	M.I.	DOB: Month/Day/Year
Resident address:	Street:		Aŗ	ot./Lot #:
	City:			
	Zip:			
Please list your resident school district:		Resident county:		
Please list the county of you	r resident school distr	rict:		
	We currently l	ive in (please	check one):	
☐ Our own home		☐ A she	lter – Name o	f shelter:
☐ TEMPORARILY with more than one family in a house, mobile home, or apartment.		☐ A hot	el/motel	
	st reason on back of this form.			
-	New foster care placement with a relative (placed at current home within the last 6 months) New foster care placement with a non-		npsite	
months)			r location not abandoned bu	appropriate for living
-				
relative (placed at current home within the last 6 months)				nan Our Own Home, please on on the back of this sheet.
By signing below you indicate tha	nt you have read/understa	nd this docume	nt and certify tha	at all information is correct.
Signature of Parent/Guardi	an:		1	Date:
Printed name of Parent/Gu	ardian:			

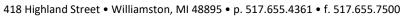


PROOF OF RESIDENCY AFFIDAVIT

Verification of attached bill (must be signed by the person named on the bill):

I certify that the above str	ident resides with me at (address)
in the	School District, and I agree to provide a copy of proof of this address
Signature:	Date:
Printed name:	Relationship:
	Idress may be made with any one of the following, which must be current and include nt of the receipt may be eliminated from the copy. Please check one:
mortgage payment voter registration card	property tax receipt rent receipt utility bill driver's license
*Should the district learn tha	t this is not the residence; the student may be excluded immediately from the distri-
Please list the reason you additional services are ava	are not currently living in your own home; this will help determine if ailable for your student:
☐ Cannot afford our o	wn housing
☐ Eviction / foreclosu	ire
☐ Fire	
☐ Living with friends	or relatives, by choice, not necessity
☐ Loss of job	
☐ Loss of housing due	to economic issues
☐ Parent/Guardian is	deployed
☐ Providing care for a	family member
Temporarily waiting	s /looking for a new house or apartment, are able to move once we find one

DISTRICT ADMINISTRATIVE OFFICES





Suspension/Expulsion Verification Form

*NOTE: This form is needed only if the applicant was ever suspended or expelled.

Only this box is to be completed by the student's parent/guardian:			
Student's Name:	2025-26 Grade:		
Parent/Guardian's Name and Address:			
It is the parent/guardian's responsibility to have each school district the student has attended and been suspended from within the last 24 months to complete one of these forms. This completed form must accompany your school of choice application prior to the deadline.			
The remainder of this form must be completed by the school district from which the above-named student was suspended or expelled.			
Name and Address of School District			
Total number of times above-named student was suspended within the last 24 months:			
Was this student ever expelled?	*Yes No		
*If yes, list date and length of expulsion:			
Signature of Administrator			
Printed Name and Title of Administrator			
Date of Signature			

CONTINUE TO THE OTHER SIDE



In order to process a school of choice application for this student, we are requesting the details of all suspensions on record over the last 24 months as follows, please fill out each suspension separately:

1.	Reason for suspension:
	Date suspended:
	Length of suspension(s):
2	Reason for suspension:
Z.	
	Date suspended:
	Length of suspension(s):
2	Reason for suspension:
3.	
	Date suspended:
	Length of suspension(s):
1	Reason for suspension:
4.	
	Date suspended:
	Length of suspension(s):
	Reason for suspension:
5.	
	Date suspended:
	Length of suspension(s):
C	Reason for suspension:
6 .	
	Date suspended:
	Length of suspension(s):