



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 residency...** for example, mortgage payment, property tax receipt, utility bill, etc.)

Was Williamston Community Schools the most recent school the above-named student attended?

☐ Yes ☐ No

If yes, and they moved out of the district, when did 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 this district?

This section must be completed for all applicants who reside outside of Ingham Intermediate School District.

1. Does your child have an IEP or receive special education services? ☐ Yes* ☐ No

*Section 105c(18) of the State School Aid Act requires an agreement between the enrolling district and resident district related to the payment of added costs for the provision of special education programs and services as a condition of the student's enrollment. If the parties are unable to reach an agreement, Williamston Community Schools is prohibited from enrolling the student.

CONTINUE TO THE OTHER SIDE

Williamston Community Schools



Student Discipline - This section must be completed for the application to be processed.

1. Has your child ever been expelled? ☐ Yes* ☐ No
*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

I give my permission for the release of information to Williamston Community Schools regarding all suspensions within the past two years as well as any expulsions involving my child.

☐ Yes* ☐ No

*The verification form must be completed if the student has been suspended in the last 24 months or ever expelled.

Williamston Community Schools may deny enrollment to a student who has been suspended in the last 24 months or who has ever been expelled or convicted of a felony.

Please Note: If your application for enrollment is accepted and the student is eligible for special education programs and services under the requirements of Section 105c(18) of the State School Aid Act of 1997, actual enrollment cannot occur until this district reaches a written agreement with the district in which you reside. This agreement is for the purpose of providing a free appropriate public education to the student and must include an agreement between both districts related to responsibility for the payment of the added costs of special education programs and services for the student. If an agreement cannot be reached, enrollment is not allowed. Under Section 105(c), should a student become eligible for special education services, our district has an obligation to reach said agreement. If said agreement is not reached, your student may be asked to return to his or her resident district.

I certify that all information on this form is complete and accurate and understand that if the information is not accurate, my child may be dismissed from attendance at Williamston Community Schools to the extent permitted or required by state law.

Parent/Guardian Signature:_____ Date:_____

Official Use Only: Student admitted? ☐ Yes Bldg. _____ Grade _____ ☐ No



RESIDENT DISTRICT RELEASE OF STATE FUNDING

Date: _____

To: _____

We would like to enroll the below-referenced student into the Williamston Community School District as a nonresident student as of the following date: _____

In accordance with the State Aid Act, approval from the student's District of Residence is required in order to complete enrollment. Please 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: _____
Date of Birth: _____
Address: _____

Reason for the request: _____

Transportation of the student to and from school shall be the sole responsibility of the student's parent(s)/legal guardian(s).

Print Parent Name

Parent Signature

_____ This student **IS** released to Williamston Community Schools for the 2025-2026 school year.

_____ This student is **NOT** released to Williamston Community Schools.

Releasing Superintendent/Designee Signature: _____

Printed Name: _____

Title: _____ Date: _____



PROOF OF RESIDENCY AFFIDAVIT

Student's resident address:

Name of student(s): (One form per family... please list all students)	1)
	2)
	3)
	4)
	Last First M.I. DOB: Month/Day/Year
Resident address:	Street: Apt./Lot #:
	City:
	Zip:
Please list your resident school district: Resident county:	
Please list the county of your resident school district:	
We currently live in (please check one):	
<input type="checkbox"/> Our own home	<input type="checkbox"/> A shelter – Name of shelter: _____
<input type="checkbox"/> TEMPORARILY with more than one family in a house, mobile home, or apartment. Please list reason on back of this form.	<input type="checkbox"/> A hotel/motel
<input type="checkbox"/> New foster care placement with a relative (placed at current home within the last 6 months)	<input type="checkbox"/> A car
<input type="checkbox"/> New foster care placement with a non-relative (placed at current home within the last 6 months)	<input type="checkbox"/> A campsite
<input type="checkbox"/> Other location not appropriate for living (e.g. abandoned building)	
If you checked any box other than Our Own Home, please fill out the additional information on the back of this sheet.	
By signing below you indicate that you have read/understand this document and certify that all information is correct.	
Signature of Parent/Guardian:	Date:
Printed name of Parent/Guardian:	



PROOF OF RESIDENCY AFFIDAVIT

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

I certify that the above student 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: _____

Verification of the resident address may be made with any one of the following, which must be current and include the address. The dollar amount of the receipt may be eliminated from the copy. Please check one:

___ mortgage payment ___ property tax receipt ___ rent receipt ___ utility bill
___ voter registration card ___ driver's license

*Should the district learn that this is not the residence; the student may be excluded immediately from the district.

Please list the reason you are not currently living in your own home; this will help determine if additional services are available for your student:

- ☐ Cannot afford our own housing
- ☐ Eviction / foreclosure
- ☐ 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/looking for a new house or apartment, are able to move once we find one



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?	<input type="checkbox"/> *Yes <input type="checkbox"/> 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:
	Date suspended:
	Length of suspension(s):
3.	Reason for suspension:
	Date suspended:
	Length of suspension(s):
4.	Reason for suspension:
	Date suspended:
	Length of suspension(s):
5.	Reason for suspension:
	Date suspended:
	Length of suspension(s):
6.	Reason for suspension:
	Date suspended:
	Length of suspension(s):