

Williamston Community Schools Nonresident Application Process

To apply as a nonresident, you must submit:

One application form per child, one proof of residency form per family, a copy of a bill, a suspension/expulsion verification form (if applicable), and obtain a release of state aid for your child/children from your district of residence.

There are four pages following this page:

Page 1: **Application Form:** Please complete one application form per child.

Page 2: **Proof of Residency Form:** Please complete this form one time for the entire family...listing all children on the same form.

IN ADDITION: You are required to provide a copy of a bill that shows your name and street address (not just a PO Box) along with the logo of the company. This can be a utility bill, phone bill, or tax statement. We do NOT need to see the amount of the bill.

Pages 3 and 4: **Suspension and Expulsion Verification Form:** This ONLY needs to be completed if you answered YES to either the suspension or the expulsion questions on the application form.

Please submit your completed forms and the copy of a bill by fax, mail, or by dropping off to:

Superintendent's Office
Williamston Community Schools
418 Highland Street
Williamston, MI 48895
Fax: 517-655-7500

If you have specific questions, please call the superintendent's office at **517-655-4361 ext. 5116**.

Items needed to complete your application:

- application form (one per child)
- proof of residency form (one per family listing all children)
- copy of a bill to support residency
- a release of state aid from your resident district (this is the district you reside in)
- suspension and expulsion form if applicable

Williamston Community Schools -- Non-Resident Student Application

418 Highland Street, Williamston, MI 48895 (517-655-4361 ext. 5116)

Student's Name _____

Resident School District: _____

County: _____

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

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

If No, name of school(s) student attended last:

Parent/Guardian(s)

Street Address

City

Zip

Telephone Numbers:

Father Cell: _____

Mother Cell: _____

Home: _____

Home: _____

Work: _____

Work: _____

Why are you choosing to request a transfer to this district?

Suspensions/Expulsions: This section must be completed for the application to be processed.

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

***If yes, please return with 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 with your application with a completed Suspension/Expulsion Verification Form.

***The verification form must be completed if student has been suspended or ever expelled. If this application form indicates they have not been suspended or expelled, and the student's records later indicate they have been, the student may be dismissed from attendance at Williamston Schools.

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.

I certify that all information on this form is complete and accurate:

Parent/Guardian Signature: _____ Date: _____

Official Use Only: Student admitted? Yes No If yes, which bldg./grade? Bldg. _____ Grade _____

PROOF OF RESIDENCY AFFIDAVIT
Williamston Community Schools
 form updated: 2/17/2016

Student's resident address:

Name of student(s): (One form per family... please list all students)	1)			
	2)			
	3)			
	4)			
	Last	First	M.I.	Date of Birth: 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):				
<i>If you chose anything other than Our Own Home, 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:</i>				
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: _____			

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 (water, electric, land-line telephone)

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

WILLIAMSTON COMMUNITY SCHOOLS

* 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 Student's Parent/Guardian:

Student's Name: _____ Current Grade: _____

Parent's Name and Address: _____

It is the parent's responsibility to have each school district student has attended and been suspended from within the last 24 months 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 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	
Print Name and Title of Administrator	
Date of Signature	

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:

1.	Reason for suspension
	Date suspended
	Length of suspension(s)

If you have any questions or need additional information, please contact the Superintendent's Office, Williamston Community Schools, 418 Highland Street, Williamston, MI 48895 at 517-655-4361 ext. 5116.

If student has had more than one suspension within the last 24 months, please fill out the following on each suspension separately.

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)