

Williamston Community Schools -- School of Choice Application
418 Highland Street, Williamston, MI 48895 (517-655-4361 ext. 3) Due Date: 3:00 p.m. June 13, 2022

Student's Legal Name:

Grade in 2022-23:

*Resident School District:

County of Residence

*School district where you currently reside: (You must attach proof of residency, for example, telephone bill, mortgage payment, etc. Please do not attach a copy of your driver's license.)

Is the above-named student currently attending Williamston School District?

If the above-named student has any siblings currently attending Williamston Schools under the school of choice program, please list each current student and their grade for 2022-23

Parent/Guardian(s)

Street Address

City/Zip

Father's phone # cell

home

work

Mother's phone # cell

home

work

Please list the name(s) and grade(s) for 2022-23 of all school-age children residing in your household:

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

Suspensions/Expulsions-This section must be completed in order for the application to be processed.

1. Has your child ever been expelled?
2. Has your child been suspended from a school within the last 24 months?

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

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.

***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. 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 (please sign between May 16-June 13, 2022):

Parent/Guardian Signature: _____ Date: _____

PROOF OF RESIDENCY AFFIDAVIT

Williamston Community Schools

updated: 4/23/2016

Name of student(s): (One form per family please, list all students)

Last

First

M.I.

Date of Birth: Month /Day /Year

1)

2)

3)

4)

5)

Please list your resident school district:

Resident county:

List the county of your resident school district:

We currently live in:

If you checked any box other than Our Own Home, please choose one of the following:

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 of Person Named on Bill: _____ **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: _____ 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 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?	Yes* 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. 3.

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)