



**WILLIAMSTON**  
COMMUNITY SCHOOLS

RESIDENT DISTRICT RELEASE OF STATE FUNDING

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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  
Pamela Reinke  
418 Highland Street  
Williamston, MI 48895  
Email: reinkep@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).

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Print Parent Name

Parent Signature

\_\_\_\_\_ This student **IS** released to Williamston Community Schools for the 2020-2021 school year.

\_\_\_\_\_ This student is **NOT** released to Williamston Community Schools.

Releasing Superintendent/Designee Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_