

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 20, 2023**

Student's Legal Name: _____

Grade in 2023-24 _____

*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? Yes No**

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: _____

Parent/Guardian(s) _____

Street Address _____

City _____ Zip _____

Telephone #s: mother's home #: _____ father's home #: _____

mother's work #: _____ father's work #: _____

mother's cell #: _____ father's cell #: _____

Please list the name(s) and grade(s) for 2023-24 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? 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 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. Yes*** No

***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 22-June 20, 2023):

Parent/Guardian Signature: _____ Date: _____

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

PROOF OF RESIDENCY AFFIDAVIT

Williamston Community Schools

updated: 4/23/2016

Student's resident address:

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)			
Resident address:				
	City:			
	Zip:			
Please list your resident school district:			Resident county:	
Suspen				
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 because the family cannot have a home of their own		<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)		
<i>If you checked any box other than Our Own Home, please fill out the additional information on the back of this sheet.</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 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.

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
- We are in our own home

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: _____ 2023-24 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. 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)