



WILLIAMSTON
COMMUNITY SCHOOLS

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 2023-2024 school year.

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

Releasing Superintendent/Designee Signature: _____

Printed Name: _____

Title: _____ Date: _____