



DISTRICT ADMINISTRATIVE OFFICES

Adam J. Spina, EdD – Superintendent

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May 23, 2024

Dear Parent/Guardian:

Thank you for your interest in applying for the Williamston School District 2024-25 School of Choice program. A separate application form must be submitted for each student you wish to enroll. These applications must be returned to our office during the School of Choice application window, **May 23 – June 21, 2024**.

The Williamston Board of Education has limited School of Choice openings at each grade level. Please note that transportation to and from school is not provided for School of Choice students.

The deadline for submitting applications, proof of residency with a copy of verification, and suspension/expulsion verification form (if applicable) **is due no later than 3:00 p.m., June 21, 2024**.

The School of Choice application packet will be mailed to your home address. You may return your application using the enclosed envelope provided OR by fax (517) 655-7500.

You will also receive an email from Adobe Acrobat titled “WCS 2024-2025 SOC Application.” If you choose to complete the application electronically, once completed both parties will receive a final PDF copy of the forms. You **MUST** email Rachel Foster fosterr@gowcs.net your proof of residency verification. If the suspension/expulsion verification form applies to your child, please email Rachel Foster the completed form as well. This form requires a school district administrator’s signature.

If we receive fewer applications than we have spaces, all qualified students will be accepted. If we receive more applications than we have spaces, we will randomly draw applications until all spaces are filled with qualified students. All parents will be notified of the decision after the window closes. Those accepted must complete the enrollment process with their student’s school.

Respectfully,

Adam Spina
Superintendent

PLEASE make sure your application is signed and dated during the **May 23-June 21, 2024**, School Choice window.

Deadline: 3:00 p.m., June 21, 2024

To be considered the application must include:

- Application form (one for each student)
- Proof of Residency Affidavit (one per family)
- Proof of Residency Verification (e.g. utility bill, lease)
- Suspension/Expulsion Verification form (if applicable)



School of Choice Application

Due Date: **3:00 p.m. June 21, 2024**

Student's Legal Name: _____ Grade in 2024-2025: _____

*Resident School District: _____ County of Residence: _____

*School district where you currently reside: **(You must attach proof of residency...** for example, mortgage payment, property tax receipt, utility bill, etc.)

Is the above-named student currently attending Williamston School District? Yes No

Parent/Guardian(s) _____

Street Address _____

City _____ Zip _____

Email(s) _____

Telephone Numbers

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

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

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

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:

Please list the name(s) and grade(s) for 2024-2025 of all school-age children residing in your household:

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

CONTINUE TO THE OTHER SIDE



Student Discipline - This section must be completed 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 your application with a completed Suspension/Expulsion Verification Form.
3. Has your child ever been convicted of a felony? Yes No

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 the student has been suspended in the last 24 months or ever expelled. Williamston Community Schools may deny enrollment to a student who has been suspended in the last 24 months or who has ever been expelled or convicted of a felony.

This section must be completed for all applicants who reside outside of Ingham Intermediate School District.

1. Does your child have an IEP or receive special education services? Yes* No

*Section 105c(18) of the State School Aid Act requires an agreement between the enrolling district and resident district related to the payment of added costs for the provision of special education programs and services as a condition of the student's enrollment. If the parties are unable to reach an agreement, Williamston Community Schools is prohibited from enrolling the student.

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 and understand that if the information is not accurate, my child may be dismissed from attendance at Williamston Community Schools to the extent permitted or required by state law.

Parent/Guardian Signature: _____ Date: _____

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



PROOF OF RESIDENCY AFFIDAVIT

Student's resident address:

Name of student(s): (One form per family... please list all students)	1)			
	2)			
	3)			
	4)			
	Last	First	M.I.	DOB: 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):

- | | |
|--|--|
| <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. Please list reason on back of this form. | <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) |
- If you checked any box other than Our Own Home, please fill out the additional information on the back of this sheet.**

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: _____



PROOF OF RESIDENCY AFFIDAVIT

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
 voter registration card driver's license

*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



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 the student's parent/guardian:

Student's Name: _____ 2024-25 Grade: _____

Parent/Guardian's Name and Address: _____

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

CONTINUE TO THE OTHER SIDE



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, please fill out each suspension separately:

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