



SCHOOL DISTRICT OF WILLIAMSBURG COUNTY  
2025-2026 APPLICATION FOR SCHOOL ATTENDANCE

IN ADJACENT COUNTY  
(Complete one application for each child)

Date of Application: \_\_\_\_\_  
NAME OF CHILD: \_\_\_\_\_ AGE: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ SEX: \_\_\_\_\_ RACE: \_\_\_\_\_ GRADE: (2025-2026) \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_  
CITY/ZIP: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
NAME OF SCHOOL IN CHILD'S HOME COUNTY: \_\_\_\_\_  
DISTANCE FROM CHILD'S HOME TO ABOVE SCHOOL: \_\_\_\_\_  
DESIRE ADMISSION TO: \_\_\_\_\_  
(Name of School in Other County)  
DISTANCE FROM CHILDS HOME TO ABOVE SCHOOL: \_\_\_\_\_  
REASON FOR REQUEST: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the above information is true and correct to the best of my knowledge.

\_\_\_\_\_  
(Parent Signature) Please Print Name Here

Parent's e-mail address: \_\_\_\_\_

Return to: Office of Student Services  
P.O. Box 1067, 500 North Academy Street, Kingstree, South Carolina 29556  
TELEPHONE (843-355-5571) or EMAIL to jrodgers2@wcsd.k12.sc.us

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TO BE COMPLETED BY WILLIAMSBURG COUNTY SCHOOL DISTRICT

Date Received: \_\_\_\_\_  Mileage Checked: \_\_\_\_\_

Transportation Supervisor's Signature: \_\_\_\_\_

Request Approved  Request Denied

Application Sent to: \_\_\_\_\_

School District

Superintendent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_