



SCHOOL DISTRICT OF WILLIAMSBURG COUNTY
2026-2027 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: (2026-2027) _____

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@wesd.k12.sc.us

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: _____