



SCHOOL DISTRICT OF WILLIAMSBURG COUNTY
2024-2025 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: (2024-2025) _____
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

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: _____