



**Williston School District 29**  
**Office of the Superintendent**

12255 Main Street  
Williston, SC 29853  
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*Dr. Missoura G. Ashe*  
*Superintendent*

**REQUEST FOR STUDENT TRANSFERRING TO OUR DISTRICT**

**To: Williston School District 29**  
**Williston School Board of Trustees**  
**Williston, South Carolina 29853**

It is respectfully requested that \_\_\_\_\_, who is the  
(Name of Student)  
son/daughter of \_\_\_\_\_, who resides at  
(Name of Parent/Guardian)  
\_\_\_\_\_, be given  
(Tell exactly where you live; give address)

permission to attend Williston School District 29 for the \_\_\_\_\_ school year in grade \_\_\_\_\_.

Student is transferring from the \_\_\_\_\_  
(Name of school, school district you reside in)

School District at \_\_\_\_\_.  
(Address of sending district)

**Please state reason for leaving current school district.**

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**\*The District will charge \$500 tuition annually per student, not to exceed \$1,000 per family. Non-resident tuition is due 10 days prior to the beginning of each school year in which the child is enrolled. In the event that a non-resident student enrolls after the start of the school year, tuition payment will be required within 10 days or less of that enrollment. In accord with law, a child will be removed from attendance in the District for non-payment after notice is given.**

**\*School Board Policy JFAB: Nonresident Students**

\_\_\_\_\_  
(Parent/Guardian Signature) (Date)  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_