

BEDFORD COUNTY PUBLIC SCHOOLS SCHOOL ZONE TRANSFER

INSTRUCTIONS: The parent or guardian must complete Part I, sign and submit the application to the requested school principal. Applications must be received between Tuesday and July 1 for the following school year. Student Transfers are granted on a space available basis.

 Email completed application to bcpsplanning@bedford.k12.va.us, fax to 540-586-1872, or
 Mail to: Department of Planning & Assessment, 310 South Bridge Street, Bedford, VA 24523

PART I STUDENT TRANSFER REQUEST (please print)

Student Name: _____

LAST
FIRST
MI

For School Year: _____ Base School: _____ Requested School: _____ Grade Level: _____

Last School Attended: _____ Date of Birth: _____ Gender: Male Female

Parent/Guardian Name: _____ Home Phone: _____

Address: _____ Other Phone: _____

STREET

_____ Email: _____

CITY
STATE
ZIP CODE

Does your student receive any special programming or services as part of his/her school program? Yes No

If yes, please describe (additional sheets may be attached if necessary): _____

I understand if the transfer is approved: 1) transportation is the responsibility of the parent/guardian; 2) the student must be a Bedford County resident; and 3) approval of this transfer does NOT mean Virginia High School League (VHSL) eligibility is granted. A transfer student may not be eligible to participate in VHSL sponsored activities per VHSL Transfer Rule 28-6-1. Eligibility is determined at the school into which you are transferring.

I certify that all the information on this application is correct to the best of my knowledge.

Parent/Guardian Signature: _____ Date: _____

PART II REQUESTED SCHOOL USE ONLY

Requested School: _____ Approved: Pending Special Ed. Denied: Capacity
 Final

Comments: _____

Principal's Signature: _____ Date: _____

After Part II is complete, send form and any attachments to the Office of Planning & Assessment.

PART III SPECIAL EDUCATION/ ADMINISTRATIVE RECOMMENDATION (office use only)

Approve Deny Comments: _____

Signature: _____ Date: _____

PART IV CENTRAL OFFICE USE ONLY

Date Received: _____ Received By: _____

Appeal: Approved Denied Comments: _____

Signature: _____ Date: _____