

**BEDFORD COUNTY PUBLIC SCHOOLS  
STUDENT TRANSFER APPLICATION: BCPS EMPLOYEES**

**INSTRUCTIONS:** Full-time BCPS employees who reside in Bedford County must complete Part I, sign and submit the application to the Office of Testing & Demographic Planning. Applications must be received between March 1 and July 1 for the following school year. Submit a separate form for each child. Reference: Policy JCD, Student Transfers.

\*\*\*\*\*

**Email completed application to [bcpsplanning@bedford.k12.va.us](mailto:bcpsplanning@bedford.k12.va.us), fax to 540-586-7703, or  
mail to: Department of Testing & Demographic Planning, 310 South Bridge Street, Bedford, VA 24523.**

**PART I STUDENT TRANSFER REQUEST (please print)**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
LAST FIRST MI

For school year: \_\_\_\_\_ Base School: \_\_\_\_\_ Requested School: \_\_\_\_\_

Last School Attended: \_\_\_\_\_ Grade Level: \_\_\_\_\_ Gender:  Male  Female

Parent/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address/Apt #: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Other Phone: \_\_\_\_\_

School/Work location: \_\_\_\_\_ Job title: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

REASON FOR REQUEST: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 transfer is approved: 1) transportation is the responsibility of the parent/guardian and 2) approval of enrollment does NOT mean Virginia High School League (VHSL) eligibility is granted. A student may not be eligible to participate in VHSL sponsored activities per VHSL Transfer Rule 28-6-1. Eligibility is determined at the school the student will attend.**

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

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Typing your name constitutes an electronic signature. Emailing from your BCPS Webmail account verifies your electronic signature.)

**PART II HUMAN RESOURCES VERIFICATION (office use only)**

Contract status met?  Y  N Comments: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART III REQUESTED SCHOOL USE ONLY**

Approved:  Pending Special Ed.  Final Principal's Signature: \_\_\_\_\_

Comments: \_\_\_\_\_ Date: \_\_\_\_\_  
*After Part III is complete, send form and any attachments to the Office of Planning & Assessment.*

**PART IV SPECIAL EDUCATION/ ADMINISTRATIVE RECOMMENDATION (office use only)**

Program available?  Y  N Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART V CENTRAL OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Appeal:  Approved  Denied Signature: \_\_\_\_\_ Date: \_\_\_\_\_