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 March 1 and July 1 for the following school year. Submit a separate form for each child. Student Transfers are granted on a space available basis. Approved transfers give permission for a child to attend the school for the entire sequence of grades offered by that school. Reference: Policy JCD, Student Transfers.
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Email completed application to 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:_____
       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*

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 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:** _____
          (Typing your name constitutes an electronic signature.)

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: _____