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 Planning & Assessment. 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.

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Email completed application to bcpsplanning@bedford.k12.va.us, fax to 540-586-7740, or mail to: Department of Assessment & 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: _____