

## 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.

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 Email completed application to [bcpsplanning@bedford.k12.va.us](mailto:bcpsplanning@bedford.k12.va.us), fax to 540-586-7740, 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: \_\_\_\_\_