

**Bedford County Public Schools  
ZONE TRANSFER REQUEST FORM  
SY 2010 - 2011**

Student's Full Name \_\_\_\_\_ Grade \_\_\_\_\_

Request to Attend \_\_\_\_\_ School

Parent's/Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone # \_\_\_\_\_

School Attendance Zone (where you live) \_\_\_\_\_ School

Justification:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Mail form to: Mark Blankenship, Testing and Planning Supervisor,  
Bedford County Public Schools, P.O. Box 748, Bedford, VA 24523 OR  
FAX 540-586-7740**

\* \* \* \* \*  
**Note:** A parent or guardian can be charged with a Class 4 misdemeanor for knowingly making a false statement concerning the residency of a child. All students attending Bedford County Public Schools must live with a parent or legal guardian residing in Bedford County or must reside with a parent or legal guardian who owns property in Bedford County. (Section 22.1-264.1 Code of Virginia)