BEDFORD COUNTY PUBLIC SCHOOLS
NON-RESIDENT STUDENT ENROLLMENT APPLICATION

INSTRUCTIONS: Children who reside outside Bedford County and wish to attend Bedford County Public Schools as tuition paying students should complete this form. The Parent/Guardian must complete Part I, sign and submit the application to the Office of Planning & Assessment. Applications must be received by July 1 for the following school year. Submit a separate form for each child. Reference: Policy JCE, Non-Resident.

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Email completed application to 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 ENROLLMENT REQUEST (please print)

Student Name: _____
LAST *FIRST* *MI*

For school year: _____ Current School: _____ Requested School: _____

Grade level: _____ Date of Birth: _____ Gender: ☐ Male ☐ Female

Parent/Guardian Name: _____ Home Phone: _____

Street Address/Apt #: _____ Other Phone: _____

City, State, Zip: _____ Email: _____

School/Work location: _____ Job title: _____ Date of Birth: _____
(School/Work location, Job title, and Date of Birth to be filled out ONLY if you are an employee of Bedford County Public Schools.)

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 enrollment 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.)

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 Denied: ☐ Capacity Principal's Signature: _____

Comment: _____ Date: _____

After Part II is complete, send form and any attachments to the Office Planning & Assessment.

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

Program available? Y ☐ N ☐ Comments: _____

Tuition required? Y ☐ N ☐ (Amount: $_____) Signature: _____ Date: _____

PART V CENTRAL OFFICE USE ONLY

Date Received: _____ Received By: _____

Enrollment: Approved ☐ Denied ☐ Reviewed By: _____

Comment: _____ Date: _____