

DGF FORD 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 the Superintendent of Schools. Applications must be received by July 1 for the following school year. Submit a separate form for each child. Reference: Policy JCE, Non-Resident.

Email completed application to bcpsplanning@bedford.k12.va.us, fax to 540-586-4444, or a U.S. Mail Department of Human Resources & Community Services, 310 South Bridge Street, Bedford, VA 24523"

PART I STUDENT ENROLLMENT REQUEST (please print)

Student Name: _____
LAST FIRST MI

For Enrollment: _____ 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: _____
(School/Work location and Job title 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): _____

Is this student in foster care placement? Yes No

I understand if enrollment is approved: 1) transportation is the responsibility of the parent/guardian and 2) approval or 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. Denied: Capacity Principal's Signature: _____
 Final

Comment: _____ Date: _____

After Part II is complete, send form and any attachments to the Office of the Superintendent of Schools.

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: _____