

## BEDFORD COUNTY PUBLIC SCHOOLS STUDENT TRANSFER RESCISSION

**INSTRUCTIONS:** This form is used only to rescind an approved Student Transfer so a student can return to his/her **base (assigned) school**. Submit a separate form for each child. The parent/guardian must complete, sign, and email the completed application to [bcpsplanning@bedford.k12.va.us](mailto:bcpsplanning@bedford.k12.va.us), fax to 540-586-7703, or mail to: Department of Testing & Demographic Planning, 310 South Bridge Street, Bedford, VA 24523.

### **PART I STUDENT INFORMATION (please print)**

Student Name: \_\_\_\_\_  
*LAST* *FIRST* *MI*

Base School: \_\_\_\_\_ School Currently Attending: \_\_\_\_\_  
*(Your assigned school)* *(School you transferred to)*

School Year Rescission Takes Effect: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Other Phone: \_\_\_\_\_  
*STREET* *APT*

\_\_\_\_\_ 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: \_\_\_\_\_

*Please note: if the program or services required by the student are not available or are at capacity, the student may not be able to return to his/her base school.*

**I understand the purpose of this form is to rescind the student's transfer to the requested school. Once the rescission is processed the student will return to his/her base school. This rescission is final. The parent/guardian must complete and submit a new Student Transfer Application if the student wishes to return to the requested school or transfer to a new school.**

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

### **PART II SPECIAL EDUCATION/ADMINISTRATIVE RECOMMENDATION (for office use only)**

Approve  Deny  Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **PART III CENTRAL OFFICE USE ONLY**

Date received: \_\_\_\_\_ Received by: \_\_\_\_\_ Code: \_\_\_\_\_