

SCHOOL YEAR_____

GRADE_____

HOMEROOM_____

NAME OF BICYCLE RIDER

I request permission to ride my bicycle to school and park it on school grounds.

I understand that I must abide by the rule of the school and the borough ordinances in the operation and storage of my bicycle.

1. I will not ride the bicycle on school grounds but will walk it from the street to the school paths and the parking area designated by the principal of the school.
2. I will respect the rights and safety of other pedestrians on the school walks.
3. I will not operate or play with the bicycle during recesses.
4. I accept all responsibility for the bicycle at all times.

I acknowledge responsibility for my child's bicycle and his operation of it in the school area.

Parent Signature