

**COCALICO SCHOOL DISTRICT
REAMSTOWN ELEMENTARY SCHOOL
BICYCLE RIDING PRIVILEGE REQUEST FORM**

Name: _____ Teacher/Grade: _____

Address: _____

(Please check one) _____ Walker _____ Bus Student-Bus# _____

Make of Bicycle: _____ Manufacturer's Serial # _____

Brief Description (color, size, etc.): _____

Bicycle helmet verification/description (color, #, type) _____

I hereby give permission for my child _____ to ride his/her bicycle to school during the 2019-2020 school year. I accept responsibility, along with my child, for proper and safe conduct to and from school and compliance with the helmet law in Pennsylvania. I understand that failure to follow traffic laws and bicycle safety will result in the immediate suspension of all bicycle-riding privileges.

Signature of Parent

A bike safety course is required.

I did: _____ attend the safety session at Reamstown Elementary offered this year.
_____ take a course on my own time within the last year.
Date course attended _____

I hereby accept responsibility for the safe operation of my bicycle to and from school and promise to follow the bicycle guidelines set by my school. I will also display my bike sticker at all times.

Signature of Student

Approved _____ Disapproved _____

_____ Date _____ Elementary Principal

This request is not approved because _____
Bike Riding privileges removed for the following reason (If applicable during school year):