

ADAMSTOWN ELEMENTARY SCHOOL
P. O. Box 395 • 256 West Main Street
Adamstown, PA 19501
(717) 484-1602

Bicycle Request Form

Name: _____ Teacher: _____

Address: _____

Please Check One: _____ Walker
_____ Bus Student - Bus # _____

Make of Bicycle: _____

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

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

Signature of Parent/Guardian

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 obey Pennsylvania State Law and wear a safety helmet when riding my bicycle.

Signature of Student

Your child should not begin riding his/her bicycle until the following approval has been received by you.

Student: _____ Teacher: _____

Approved: _____ Disapproved: _____

Elementary Principal

Date