St Joseph’s Primary School Charlestown

Bicycle User’s Permission Note

* I have read and understood the bicycle information provided in the St Joseph’s Catholic Primary School Charlestown School Bicycle Policy.

* My parent/carer has read and understood the bicycle information provided in the St Joseph’s Catholic Primary School Charlestown School Bicycle Policy.

* I understand that it is a joint responsibility between my parents and I to keep the bike well maintained with all component parts working correctly.

* I will wear my Standards Australia approved helmet correctly when riding my bicycle to and from school.

* I understand that I bring my bicycle to school at my own risk and will secure it with a lock and chain in the bike rack.

* I will not lend my bicycle to another student when travelling to and from school.

* I will not carry any passengers on my bike.

* When I enter and leave the school I will walk my bike and be aware of pedestrians.

* I understand that if I do not follow the St Joseph’s Catholic Primary School Charlestown School Bicycle Policy then my parents will be informed and permission will be withdrawn until the issues identified have been satisfactorily addressed.

Please sign and return permission note to school.

Child’s name: ___________________ Signed: ______________________ Date: __________

Parent/Carer’s name: ________________ Signed: ______________________ Date: ________