



ARCHBISHOP OF YORK'S CE JUNIOR SCHOOL, BISHOPTHORPE

YEAR 6 PERMISSION TO CYCLE TO SCHOOL

PARENTS AGREEMENT

I consider that my child is competent and confident to cycle to school.

I have read and discussed the Cycle Safety Booklet and the Cycle to School Rules with my child.

I have discussed a safe cycle route with my child.

I understand that the decision to allow my child to cycle to school is my responsibility.

Name of Child Class

Signature(s) of Parent/Carer
.....

Name(s) of Parent/Carer
.....

Date:

YEAR 6 PUPIL AGREEMENT

I agree to use the route to school discussed with my parent/carer.

I agree to obey the rules and cycle with due care and consideration for other people.

Name of Pupil: Class

Signature of Pupil:

Date: