



CYCLE PERMIT APPLICATION

PARENT

I wish to apply for my son:

Name: Tutor Group:

To be issued with a bicycle permit. I understand that a condition of this permit being issued is that I will comply with the conditions outlined in the **attached Cycle Permit Protocol** and that I fully understand the consequences for failure to comply.

Signed: Date:
Parent/Carer

PUPIL

I agree to wear a bicycle helmet at all times when cycling to and from school. I will ensure that my bicycle is roadworthy and is fitted with adequate front and rear lights and I agree to cycle safely and in accordance with the Highway Code. I understand that failure to comply with this agreement may result in my permit being withdrawn for a period of one month. **Any further non-compliance will result in a total loss of my permit.**

Signed Date

When completed, please return this form to the School Office. Your bicycle permit will then be issued to you.

FOR SCHOOL USE

Permit granted

Signed (AHT) Date

Cc pupil file / pupil