

CAMP HILL SCHOOL DISTRICT  
Bicycle Permission Form  
2017-18 School Year



Bicycle Model \_\_\_\_\_

Bicycle Serial Number \_\_\_\_\_

Bicycle Color \_\_\_\_\_

Camp Hill License Number \_\_\_\_\_

**STUDENT AGREEMENT**

I am requesting permission to ride my bicycle to school. I will obey traffic laws, school rules, and the Bicycle Helmet Law. I understand that if I do not ride safely, my privilege of riding my bike to school may be taken away by my parents or my principal.

Date: \_\_\_\_\_ Student's Signature \_\_\_\_\_

**PARENT/GUARDIAN PERMISSION**

\_\_\_\_\_ has my permission to ride his/her bicycle  
(Student's Name)  
to school during the 2016-2017 school year.

Date: \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_