BEFORE your child can ride to school, please sign and return this form to the General Office

STUDENT’S NAME: ________________________  CLASS: ______

I give my permission for the above student to ride their ☐ Bicycle  ☐ Scooter to Mt Waverley Primary School on school days.

My child, ________________________ understands that they MUST wear an approved safety helmet to and from school and they must NOT ride their bicycle/scooter in the school grounds at any time.  (ie bicycles/scooters must be walked through the school grounds during school hours)

I understand that although Mt Waverley Primary School provides an area for bicycles and scooters, they take no responsibility for their safety. A safety chain and lock is strongly recommended.

I understand that if my child does not comply with the above rules, the Principal may contact me regarding any necessary action to be taken.

Parent’s Name: ________________________

(please print)

Parent’s Signature: ________________________

Date:       /  / 2015