

**COCALICO SCHOOL DISTRICT  
DENVER ELEMENTARY SCHOOL**

**Bicycle Riding Request Form**

Name: \_\_\_\_\_ Teacher/Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Make of Bicycle: \_\_\_\_\_ Manufacturer's Serial # \_\_\_\_\_

Brief Description (color, size, etc.): \_\_\_\_\_

Police Registration # \_\_\_\_\_

Bicycle helmet verification/description (color, #, type) \_\_\_\_\_

I hereby give permission for my child \_\_\_\_\_ to ride his/her bicycle to school during the \_\_\_\_\_ school year. I accept responsibility, along with my child, for proper and safe conduct to and from school and compliance with the helmet law in Pennsylvania. I understand that failure to follow traffic laws and bicycle safety will result in the immediate suspension of all bicycle-riding privileges.

\_\_\_\_\_  
Signature of Parent

I hereby accept responsibility for the safe operation of my bicycle to and from school and promise to follow the bicycle guidelines set by my school. I will also display my bike sticker at all times.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_ Approved

\_\_\_\_\_ Disapproved

Reason for Disapproval: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_ Elementary Principal Signature