

John Hill School
Town of Boonton Public Schools

435 Lathrop Avenue
Boonton, New Jersey 07005
Tel. # (973) 316-9235
Fax # (973) 402-9375

BICYCLE PERMISSION FORM

STUDENT: _____

Grade: _____ **Homeroom:** _____

The student named above has my permission to ride his/her bicycle to/from school during the 2008-2009 school year. I understand that my child must wear a bicycle helmet. Bicycles must be kept locked on the bicycle rack during the school day and students must supply their own bicycle lock.

Please sign and date this form and return it to school with your child. Students will not be permitted on school grounds with a bicycle unless this form is on file.

Thank you for your cooperation.

My child has my permission to ride his/her bicycle to/from school and will adhere to the rules stated above.

Signature of Parent/Guardian

Date