Office	use	only:	
--------	-----	-------	--



West Byfleet Junior School

BICYCLE/SCOOTER PERMIT

CHILDS NAME:	<u>.</u>	CLASS:		
	Make & model of bicycle:	Colour:		
	Make & model of scooter:	Colour:		
I agree to:				
 Ensure my bicycle/scooter is in a proper roadworthy condition and clearly display my permit. 				
2. Wear a bicycle helmet to and from school (cyclists only).				
 Cycle/scooter to and from school in a sensible manner; observe the Highway Code; show respect and consideration to other road users; display good manners and give way to pedestrians. 				
 Dismount my bicycle/scooter when travelling to school via the subway at West Byfleet Railway Station or under the railway bridge in Camphill Road. 				
5. Refrain from riding my bicycle/scooter within the school boundary.				
I understand that if I do not adhere to the rules above my bicycle/scooter permit will be withdrawn and I will not be allowed to bring my bicycle into the school grounds until further notice. My bicycle/scooter is parked at my own risk and West Byfleet Junior School is not liable for any theft or damage to my property.				
Signature of pupil	:	Date:		
Approved by parent:		Date:		