



# Gilbert Inglefield Academy

## CYCLE PASS APPLICATION FORM



Pupil's name \_\_\_\_\_ Form \_\_\_\_\_

I wish my child to be issued with a Gilbert Inglefield Academy cycle pass.

- I confirm that my child is a competent cyclist and is fully aware of the rules for safe cycling on the road.
- I understand that my child must wear a cycling helmet at all times when cycling to and from school.
- I understand that my child will bring a cycle lock with him/her to use to secure his/her bicycle in the designated bicycle sheds at school.
- My child understands that he/she must not ride their bicycle on site.

Signed \_\_\_\_\_

*Parent / carer*

Date \_\_\_\_\_