



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 _____