BICYCLE RIDING APPLICATION AND ROUTE APPROVAL FOR SCHOOL YEAR________

Any student within walking distance who wishes to ride his/her bicycle to school must complete a route approval form. Please use the space below to draw a map of the bicycle route to be used traveling to and from school. Parent and student must sign the form and submit it to the school office for approval by the Principal and School Safety Sponsor. Applications are approved on an individual basis.

Please draw and label clearly your home, the school and the route you will travel on your bicycle. My journey to Terraset Elementary School will begin from my residence at:

______________________________________________________________________________

__________________________________     _________
Student’s Name                       Grade          Teacher

I request permission to ride my bicycle to and from school using the route shown above. I promise to abide by Fairfax County safety rules for bicycling and realize that the responsibility for the care of my bicycle is my own and not the school’s responsibility.

___________________________________________
Student Signature                                         Parent Signature

* * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * *
I approve/disapprove the application. Both student and parent have been notified of my decision.

___________________________________________
Principal                                                               Date

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