

Liberty School District
170 Liberty Road
Petaluma, CA 9492
795-4380

BICYCLE OR WALK PERMISSION SLIP

As parent/guardian of, _____, I give permission for my son/daughter to either ride his/her bicycle or walk to and from home and school. Both my child and I understand any inherent dangers and also understand that my child **must sign out** at the office **BEFORE** leaving school at the end of the day to walk or ride his/her bicycle home.

Parent Name

Student Name

Parent Signature

Student Signature

Date

Date