Pocahontas Middle School

Authorization to Walk or Ride Bike

_____ _____

Student's Name Grade

I, _____, give permission for my child, _____, to

_____Walk/ride a bike for the entire school year / _____

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_____ Ride bike to/from school on the following days: Start _____ End _____

_____ Walk to/from school on the following days: Start _____ End _____

_____

Parent Signature Date

This form is valid from the start date to the end date **ONLY.**