

Bearwood School reserves the right to revoke this permit in the event that the conditions of the permit are not complied with.

Parents Name.....

Name of Pupil/s.....Date of Birth.....

Cycle serial no/s..... Lock serial no/s.....

Cycle make/s.....

Model/s.....

Cycle colour/s.....

Features.....

I accept the above conditions and request permission for the above children to be given access to bicycle parking at the school.

Signed.....Parent/Guardian

Date.....