

CLARKSTON COMMUNITY SCHOOLS

BICYCLE INFORMATION

Owner's Name _____ Age _____ Boy _____ Girl _____

Address _____ Phone # _____

Student's Grade _____ Room # _____ Teacher's Name _____

Bicycle Trade Name _____ Wheel Size _____

Color _____ Serial # _____ License # _____

Independence/Oakland County ID # _____
(if you have one)

1. Bicycles are to be registered.
2. Bicycles are to be walked in from Pine Knob Road and immediately parked in the bike rack.
3. Students should have permission from parents to ride bicycles.
4. Bike students should walk their bikes safely around the perimeter of the parking lot to the safety path or wait until the traffic has cleared. Bike students and walkers are to be dismissed at 4:05 p.m.
5. Drive your bike on the right side of the road, as close to the edge of the road as you can. Go in the same direction as the cars.

My child _____ has my permission to ride his/her bike to school.

Parent's Signature _____ Date _____