



Accredited by the Western Association of Schools & Colleges
F.B. Leon Guerrero Middle School

Building #533 Juan Jacinto Road
 Yigo, Guam 96929
 Tel: (671) 653-2080



Jon J.P. Fernandez
 Superintendent of Education

Melissa D. Mafnas
 Principal

BICYCLE PERMISSION FORM

Print Student Name:	Grade/Team:	School Year:
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Students at F.B. Leon Guerrero Middle School are permitted to use bicycles while attending the school. Students may ride their personal bicycles to school and after dismissal. They may not ride their bicycles at school during the school day or will be allowed to leave on their bikes during school hours. Additionally, the following safety rules apply:

- Safety is top priority. ____ / ____
- Non-motorized Bicycles only. ____ / ____
- Students must wear a helmet. Students without a helmet will not be permitted to enter campus with their bicycles or to secure their bicycles to the school fence. ____ / ____
- Bicycles must be secured at the designated area while on campus. ____ / ____
- Students must follow all traffic laws. ____ / ____
- Students must always ride with the flow of traffic. ____ / ____
- Students must dismount for crosswalks and sidewalks. ____ / ____
- Pedestrians have the right of way. ____ / ____
- No biking is permitted during school hours. ____ / ____
- Students must not double up on riders. Only one person per bicycle. ____ / ____
- Bright clothing & safety gear such as a reflector straps are highly recommended. ____ / ____

PARENT / GUARDIAN:

I understand that I am responsible for providing all equipment for my child. This includes: the bicycle, helmet, padlock, and chain/rope/cord needed to secure the bicycle. _____ Parent Initial

F.B. Leon Guerrero Middle School and/or the Guam Department of Education will not provide any equipment. _____ Parent Initial

I understand that allowing my child to ride his/her bicycle to and from school comes with many unforeseen dangers and hazards. It may come with dangers and risks that may result in bodily injury, death, and/or other hazards. _____ Parent Initial

I voluntarily and freely, with full understanding, assume all risks and responsibilities in connection with my child's ride to and from school. _____ Parent Initial

F.B. Leon Guerrero Middle School's mission is to respond to the unique needs of our students while exploring areas of individual potential and cultivating lifelong learning skills.



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F. B. Leon Guerrero Middle School, the Guam Department of Education, and their employees will not be held responsible or liable for any incidents that may occur during my child's bicycle ride to and from school as a result of my child's or other's actions. _____ Parent Initial

F. B. Leon Guerrero Middle School, the Guam Department of Education, and their employees will not be held responsible or liable for any incidents that may occur during my child's bicycle ride to and from school as a result of actions by another person or group. _____ Parent Initial

I assume full responsibility & liability for all the equipment used and I assume full responsibility & liability of my child's conduct in connection with the equipment. _____ Parent Initial

I understand that bicycle permission can be revoked by the School at any time and/or if necessary. _____ Parent Initial

Print Parent/Guardian Name

Parent/Guardian Signature

Date:

STUDENTS: I have read and understood the safety rules stated on this form. I agree to follow all these rules while riding to and from school. I feel confident in my biking abilities and have parent/guardian permission to ride my bicycle to and from school.

Print Student Name

Student Signature

Date:

Approved By: _____

Date: _____

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