Hungary Creek Middle School

Authorization to Walk or Ride Bike to school

_____ _____ _____
Student's Name Grade Homeroom Teacher

I, _____, give permission for my child_____to
Parent and/or guardian

_____ride bike to school on the following days:

_____walk to school on the following days:

Start date_____ End date_____

_____
Parent signature Date

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