



**FLAGSTAFF ACADEMY
WALKER/BIKER PERMISSION FORM
School Year _____**

Dear Parents,

We feel there is a dangerous amount of heavy traffic flow. Because of this we strongly discourage students riding their bikes or walking to or from school. We realize students are anxious to be independent. However, please be aware each family takes full responsibility of any injuries that may occur.

Carpool information has been provided and is still available. If it is unavoidable for your student to walk or ride their bike, please fill in the form below and return it to the school.

Again we cannot stress enough our concern for your child's safety.

Sincerely,

Flagstaff Academy

(Detach and return bottom half to teacher)



_____ give permission for _____
(PRINT Name of Parent/Guardian) (PRINT Student Name)

in _____, to ride their bike or walk from Flagstaff Academy located at 2040 Miller
(Grade)

Drive, to Longmont, CO, for the school year 20_____ to 20_____. We also understand that by giving this permission that we will be taking full responsibility of any injuries that may occur and will not hold Flagstaff Academy liable.

Date

Parent/Guardian Signature