



BIKER/WALKER ROSTER REQUEST

FOR FAMILIES RESIDING WITHIN OCEAN PALMS' BIKER/WALKER ZONE

My student does not receive bus service. Please add my student, _____, who is in _____'s Class in _____ Grade, to the Ocean Palms' biker/walker roster.

(Must Check One):

- A. MY STUDENT WILL BE A FULL-TIME BIKER/WALKER
- B. MY STUDENT WILL BE A PART-TIME BIKER/WALKER

Ocean Palms is directed to:

(Must Check One):

- A. Allow my child to pass the biker/walker gate off OPES grounds without an adult
- B. HOLD my child at biker/walker gate on OPES grounds until received by an adult

Attendance is taken daily for all biker/walker students. At dismissal, my student must check in with the adult at the biker/walker post each day before leaving OPES grounds.

I acknowledge if my student is having a friend bike/walk home with them, then they MUST complete and submit a daily biker/walker pass form (see next page for printout) to the front desk that morning for approval.

I acknowledge in the event of thunder and/or lightning at dismissal, biker/walker students will NOT be released to walk home and will be held at school for pick up in the car line by an authorized adult. Only those adults on the Biker/Walker Rainy Day Authorized Pick Up List OR on my emergency contact list are permitted to pick up my student(s).

Parent/Guardian Signature (Date)

Telephone No.



BIKER/WALKER PASS

Please allow my student, _____, to walk home with _____ on _____, 20____.

(Must Check One):

- A. Allow my child to pass the biker/walker gate off OPES grounds without an adult
- B. HOLD my child at biker/walker gate on OPES grounds until received by an adult

In the event of thunder and/or lightning at dismissal time, biker/walker students will not be released to walk home and will be held at school for pick up in car line. Only those adults listed on my student's authorized pick up list may pick up my student in car line.

I have been advised that my student must check in with the adult at the biker/walker post *with this pass* before leaving OPES.

Parent/Guardian Signature (Date)

Telephone No.