



Rosary Primary School



TOGETHER WE DO OUR BEST | BELIEVE | EXPLORE | STRIVE | TRIUMPH

Dear Parents,

Our school is participating in the Ride or Walk to School Program, an initiative to encourage more students to be active on the way to school instead of coming in the car.

As part of this initiative Year Five students have been learning about road, pedestrian and cycle safety. To complement this unit of work, the year five classes will be participating in community rides on Tuesday the 10th of April.

The Community ride will follow a route that has been devised by the initiative team and is located around the immediate area of the school. This ride is designed to increase your child's confidence on a bike out in the community. The ride will be supervised by a teacher and we are asking for parent volunteers to join us too. The more the merrier – you just need to provide your own bike and helmet. We will provide the *High Visibility Vest*.

A number of bikes and helmets will be provided by the school, however your child is encouraged to bring their own helmet and bike to use on the community ride if they have one. Please note that the teachers will need to conduct a safety check on the bike before your child will be allowed to use it.

If you agree to allow your child to participate in the community ride please complete and return the consent form.

Students who have not returned their consent form will not be permitted to participate in the ride and will be accommodated at school until the class return.

RIDE DETAILS –

5 WASHINGTON

Depart at 9:15am and Return at 9:50am

5 PANAMA

Depart at 10:15am and Return at 10:50am

Thank you,

Ann-Maree Hinds and Nicole Rich

Permission slip

(Name of child) _____ in class **5 Panama / 5 Washington**
has permission to participate in the **Community Bike Ride on Tuesday 10th April.**

I am available to assist by riding along with the group YES / NO

My Working with Vulnerable People (WWVP) card number is _____
(note – card must be on your person during the ride)

CONSENT TO MEDICAL ATTENTION: *In the case of an emergency, I authorise the teacher in charge, where it is impracticable to communicate with me, to arrange for my child to receive such medical attention as may be deemed necessary. I also undertake to pay costs which may be incurred for medical attention, ambulance transport and medication while the child is on the excursion.*

SIGNED: (Parent/Guardian) _____ . Phone: _____
