



96 Kearney Drive,
Aspendale Gardens, 3195
Phone: 9587 0877 Fax: 9587 0477
Principal – Cheryle Osborne

Dear Parents and Guardians,

The *Bike Ed* program, a part of the school curriculum, will be taught to children in Year 4 this year.

Each child will require a bicycle in safe, working order and an approved helmet that fits correctly and is in good condition. A bike safety check will be undertaken shortly and we request your co-operation in having any necessary repairs, adjustments or replacements made promptly. A helmet and riding gear safety check will also be undertaken and it is essential that your child's bicycle helmet fits comfortably and securely and that the polystyrene foam liner is undamaged. Your child must have footwear that has closed toes and firm, non-slip soles. Each child must also wear bright and light-coloured clothing for every practical riding session.

The program consists of classroom and take-home activities and cycling activities done outdoors in the school grounds and on footways. You will be notified before any on-road riding is undertaken. All of these activities will be supervised.

There are three certificates which indicate a child's progress and will be awarded during the program. A *Level 1: Bike Ed Cycling Skills and Simulations Certificate*, *Level 2: Bike Ed Pathway Cycling Certificate* and *Level 3: Bike Ed On-road Cycling Certificate* will be presented to all who successfully complete each stage of the program.

We will be conducting a bike check/fix it session on **Tuesday 15th September**. Students are required to bring their bikes to school to be safety checked so we are all ready to go for the practical sessions at the beginning of Term 4. If students need to bring their bike in earlier on Monday, or leave it overnight on Tuesday, we will lock them up in a safe location in the gym.

Please complete the form below to indicate your approval of and permission for your child to participate in the *Bike Ed* program and return to school by Tuesday 15th September. Thank you for your co-operation.

Yours sincerely,

Jo McDougall

Bike Ed Program Co-ordinator

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YEAR 4 BIKE EDUCATION PERMISSION FORM

My child _____ in Year _____ has my permission to participate in the Term 4 *Bike Ed* Program conducted as part of the curriculum of Aspendale Gardens Primary School.

I understand my child will require a bicycle in safe working order and an approved helmet that fits correctly and is in good condition. I agree to arrange any repairs, adjustments or replacements to my child's bicycle as indicated on the Bike safety check that will be sent home shortly.

I will also check my child's bicycle helmet as indicated on the *Helmet and Riding Gear Safety Check* that will be sent home shortly and have it replaced if it does not fit properly or is damaged in any way. I also understand that my child must wear suitable footwear and clothing (bright and light-coloured) during practical riding sessions.

If my child is injured and I cannot be contacted, I authorize the teacher in charge to consent to my child receiving such medical and surgical treatment as may be deemed necessary.

Name: _____

Signed: _____ Date: _____

Telephone numbers: Home: _____ Business: _____

I am able to assist with the Bike Ed Program.

I am happy for my child's bicycle to be used by another student in their buddy grade who does not have access to one of his or her own.