**Scholar Last Name, First Name:** _____

**Teacher and GradeLevel** _____

St. Johns Classical Academy

*Learn the True, Do the Good, Love the Beautiful*

## Walker/Biker Permission Sheet
## 2026-2027 School Year

Dear parent and/or guardian of a St. Johns Classical Academy (SJCA) scholar,

Because the traffic tends to be heavy along County Road 220, SJCA cannot grant permission for your scholar to walk and/or ride a bicycle to and/or from campus unless this Permission Sheet is signed by the scholar's parent and/or guardian in the presence of a notary. When this Permission Sheet is signed and notarized, your scholar will be granted permission by SJCA to walk and/or ride a bicycle to and/or home from campus.

Please consider the responsibility that must be assumed by your child when commuting to and from campus. Consider whether your scholar is old enough to safely commute and capable of understanding this responsibility.

With your permission, SJCA will permit your child to walk and/or ride his/her bicycle to and from campus if the following requirements are fulfilled:

1. This Permission Sheet is signed by the parent and/or guardian in the presence of a notary.
2. Walkers and bicyclists do not arrive on campus before 7:15 AM.
3. Upon arrival on campus, scholars must enter through the gate attached to the Athletic Building. Bicycles are parked in the designated courtyard area beside the Athletic Building and shall remain there until dismissal.
4. Bicyclists should ride safely and follow the bicycle laws as set forth by the State of Florida. All bicyclists under the age of 16 *(Florida Statue 316.2065)* are required by law to wear an approved helmet. Bicyclists shall not travel on neighborhood yards. When coming up the path to the school, walkers should be given the right-of-way.
5. The walker/bicyclist must travel directly to SJCA in the morning and travel directly home after dismissal.
6. It is understood that walking/bicycle privileges may be withdrawn at any time due to scholar regulation infractions.

In granting permission, I hereby expressly waive claim for liability against St. Johns Classical Academy, the Governing Board of Directors, including its employees and representatives and release them from liability in connection with this trip. Further, I assume full responsibility for any damage to persons and/or property caused by my child. I further expressly agree that in the event disciplinary action may be necessary, my child may lose these privileges.

**Scholar Last Name, First Name:** _____

**Teacher and GradeLevel** _____

Date:_____

I hereby grant permission for my child, _____, to ride his/her bicycle and/or walk to and from campus. I have reviewed these rules with my child, and he/she understands the seriousness of this act and can assume the responsibilities associated with the granting of this permission.

Signature of Parent and/or Guardian:

_____

Print Name: _____

Witness to Parent and/or Guardian Signature:

_____

Print Name: _____

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this _ day of _____, 20___, by _____, who is personally known to me or who has produced ____, as identification.

(Seal)

_____

Signature of Notary Public

Print, Type/Stamp Name of Notary