



## Col. Fred Cherry Middle School

7401 Burbage Drive  
Suffolk, Virginia 23435  
Telephone (757) 923-4249

**Principal**

Dr. Janet Wright-Davis

**Assistant Principals**

Ms. Marian Looney-Gill

Mr. Robert Casteen

### **Colonel Fred Cherry Middle School** **Student Bicycle Permission Slip**

Dear Parents/Guardians,

Thanks to the hard work of the Colonel Fred Cherry Student Council, our students will be able to have the option to ride their bikes to school for the 2025-2026 school year. These students will still have the option to utilize their regular mode of transportation but will have the option to also ride their bikes at your discretion. Only students with this permission slip on file will be allowed to ride. Please read over the bike safety rules and expectations with your child. If you are in agreement, please sign the permission slip below to indicate that permission is granted.



#### **Bike Safety Rules and Expectations**

- **Helmet use is required** at all times when riding to/from school.
- **Students must walk bikes** once on school property (including sidewalks, walkways, and bike rack areas).
- **All bikes must be locked** to designated school racks. Suffolk Public Schools is **not responsible** for lost, stolen, or damaged bicycles.
- **Obey all traffic laws**, including stopping at signs, riding with traffic, and using hand signals.
- **Unsafe behavior** (e.g., riding on school grounds, reckless riding) may result in loss of bike-riding privileges.

Sincerely,

Janet Wright-Davis, Principal

**CFCMS Bike Rider**  
**Parental Permission and Acknowledgment Form**

By signing below, I give permission for my child to ride their bicycle to and from Colonel Fred Cherry Middle School. I understand and agree to the rules above and will ensure my child understands and follows all safety guidelines.

I understand the school is **not liable** for any accident, injury, loss, or theft related to bicycle use. I will wait for a signed acknowledgement from the principal before allowing my child to ride his/her bike to school.

**Parent/Guardian Name (Print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Student Name (Print):** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

Please return this signed form to your child's homeroom teacher or the main office.

If you have questions, contact the main office at 757-923-4249.

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*(For Office Use Only)*

**Principal Acknowledgement of Approval:** \_\_\_\_\_

**Tag Number Assigned** \_\_\_\_\_