



Bedford Borough School Sport Partnerships

Partnership Development Manager: Kelly Rolfe

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7th April 2016

Dear Parent

Re: Bikeability Training at Milton Ernest V.C Lower School

As part of the national 'Bikeability' programme (which replaces the cycling proficiency test), Milton Ernest V.C Lower School has booked a Bikeability course. This is a government initiative in partnership with road safety groups, local councils and schools, being delivered through the Bedford and Kempston School Sport Partnership (SSP). The aim is to ensure that children in KS2 are able to attend the 2 hour course, held during school hours. More information on the Level 1 course is available at: www.dft.gov.uk/bikeability

Your child is being invited to attend the course, delivered by a fully-qualified British Cycling instructor, on the following date:

Venue: **Milton Ernest V.C Lower School**

Date: **Wednesday 3rd May 2017**

Time: **9:30 – 11:30**

Equipment required: **bike, cycle helmet, P.E kit and trainers.**

(Children to come to school in their P.E kit)

Please note that your child's bike must be roadworthy and have working brakes to complete the course. Please also ensure it is the correct height (children should be on the balls of the feet when sitting on the saddle), tyres are pumped up, the handle bars are straight and do not move and the chain is oiled

On completion of the initial Level 1 course, all participants will receive a certificate.

If you have any questions please do not hesitate to contact me.

Please fill in the attached documents, which will also act as a permission slip.

Yours sincerely,

Harley Dowe
PE Co-ordinator

Kelly Rolfe
Partnership Development Manager
Bedford & Kempston and North Bedfordshire School Sport Partnerships



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BIKEABILITY BOOKING FORM

Young Person's name: _____

Date of Birth: _____ Year group: _____ Gender: M

Address: _____

Postcode: _____ Tel: _____ Email*: _____

School: _____

Necessary Information

My child has the following condition (medical or otherwise) that may affect their safety or the safety of others whilst attending the chosen activity.

Please state the condition: _____

Tick box if none:

Please give details of medication your child has been prescribed. If appropriate they will have this at each session and my child will administer it as necessary:

Photography Consent

My child/I may be included in promotional photographs: Yes No

Contact in case of Emergency

Additional information

Participants should be dressed in appropriate clothing and trainers.