1. **What suburb do you live in?**
2. **How far do you live from your child/ren’s school?**

Less than 1km 1km - 2km 2km – 3km 3km – 4km 4km – 5km 5km – 10km More than 10km

1. **Who decides how your child/ren travel to and from school?**

Me My child The whole family

1. **How does your child/ren normally travel to school?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| Walk |  |  |  |  |  |
| Bike |  |  |  |  |  |
| Scooter/Skateboard |  |  |  |  |  |
| Car |  |  |  |  |  |
| School Bus |  |  |  |  |  |
| Public Transport |  |  |  |  |  |

Other (please give details)

1. **How does your child/ren usually travel home from school?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| Walk |  |  |  |  |  |
| Bike |  |  |  |  |  |
| Scooter/Skateboard |  |  |  |  |  |
| Car |  |  |  |  |  |
| School Bus |  |  |  |  |  |
| Public Transport |  |  |  |  |  |

Other (please give details)

1. **If you usually drive your child/ren to or from school, what is the main reason?**

It’s quicker

It’s safer as there is too much traffic danger between home and school. If yes where:

I am worried about my child’s safety. If yes, please provide more detail:

Our child/ren is too young to travel independently

Our child/ren is unable to travel independently due to injury or other physical issue The school is too far away for my child to walk or cycle

There is no public transport that is convenient

My child/ren has to carry a heavy bag/sporting equipment/musical instruments I pick up and drop off my child on the way to work or other activities

My child participates in other activities, before and/or after school

Other (please comment)

1. **How would you prefer your child/ren travel to school?**

Car Bike Scoot Skateboard Walk School bus

Public Transport Other (please comment)

1. **Would you allow your child to walk or cycle to school?**

Yes No Maybe

1. **If not, what would encourage you to let your child walk or ride to school more often?**
2. **What are some of the barriers to your child/ren actively travelling to school by bike or foot?**
3. **How would you rate your child/ren’s cycling ability?**

(‘0’ being very poor and ‘10’ being very confident)

0 1 2 3 4 5 6 7 8 9 10

12. Are there any traffic issues you are concerned with around your child/ren’s

school? If yes, please describe them.

13. What would you like to see implemented in or around your child/ren’s school to make walking and bike riding to school an easier option for them?

**<Schools may wish to add additional questions to this survey here>**

**Please hand your completed survey in by (insert date here) to the following:**

* **Office details (include name of person or place at the school’s office)**
* **Email details if relevant**