

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS FORM, PLEASE RETURN IT TO THE FRONT OFFICE BY _____ / _____ / _____

Students Name/s: _____ Year Level/s: _____

Home address: _____

Question 1: **How does your child usually travel to school? (tick a box)**

- | | |
|--|--|
| <input type="checkbox"/> Carpool (with another family) | <input type="checkbox"/> Bicycle alone |
| <input type="checkbox"/> Car (with just your family) | <input type="checkbox"/> Scooter with an adult |
| <input type="checkbox"/> Walk with an adult | <input type="checkbox"/> Scooter alone |
| <input type="checkbox"/> Walk with friends or brothers/sisters | <input type="checkbox"/> Bus |
| <input type="checkbox"/> Walk alone | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Bicycle with an adult | |

Question 2: **Does your child usually travel home the same way?**

- Yes (go to question 4)
- No (answer question 3)

Question 3: **How does your child usually travel home from school?**

- | | |
|--|--|
| <input type="checkbox"/> Carpool (with another family) | <input type="checkbox"/> Bicycle alone |
| <input type="checkbox"/> Car (with just your family) | <input type="checkbox"/> Scooter with an adult |
| <input type="checkbox"/> Walk with an adult | <input type="checkbox"/> Scooter alone |
| <input type="checkbox"/> Walk with friends or brothers/sisters | <input type="checkbox"/> Bus |
| <input type="checkbox"/> Walk alone | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Bicycle with an adult | |

Question 4: **Why does your child travel to/from school that way?**

- | | |
|--|--|
| <input type="checkbox"/> Easy for you or your child | <input type="checkbox"/> No walking/cycling routes |
| <input type="checkbox"/> Distance from school – near | <input type="checkbox"/> Personal Safety |
| <input type="checkbox"/> Distance from school – far | <input type="checkbox"/> On the way to your work |
| <input type="checkbox"/> No bus available | <input type="checkbox"/> Road safety |
| <input type="checkbox"/> Cheap | <input type="checkbox"/> Other: _____ |

Question 5: **How many times LAST WEEK did your child travel to and from school by:**
(please indicate by placing a number in each box)

- | | |
|----------------------------------|---------------------------------------|
| <input type="checkbox"/> Car | <input type="checkbox"/> Bus |
| <input type="checkbox"/> Walking | <input type="checkbox"/> Scooter |
| <input type="checkbox"/> Bicycle | <input type="checkbox"/> Other: _____ |

Question 6: **Please estimate the distance you travel from home to school (tick one box)**

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Less than 0.5km | <input type="checkbox"/> 2km to 3km |
| <input type="checkbox"/> 0.5km to 1km | <input type="checkbox"/> 3km to 5km |
| <input type="checkbox"/> 1km to 2km | <input type="checkbox"/> 5km or more |

Question 7: **Do you take part in a “walking bus” on your journey to school?**

- | | | | | |
|------------------------------|-----------------------------|---|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Question 7a: If no, would you like to? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|---|------------------------------|-----------------------------|

Question 8: **Would you be interested in car sharing?**

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Parent Survey

Question 9: **Please list any reasons that might prevent your child from walking, cycling or scooting to school**

(For example distance, after school activities, heavy bag, safety)

Question 10: **If you already walk or cycle, or are interested in starting, is there anything that would make your journey easier or safer?**

For example bike parking, better footpaths, crossings, cycle training.

Question 11: **Has your child been involved in an incident on their way to or from school in the last year?**

For example accident, near miss, personal safety incident etc

Yes (please provide detail)

No (move to next question)

Question 12: **Please mark your child's normal route to and from school on the map below:**

Parent Survey

Question 13: **In your opinion, how safe is the road environment and the people who use the road near your school?** (please circle)

Very Safe

Fairly Safe

Not Sure

Fairly Unsafe

Very Unsafe

Question 14: **Do you believe there are any traffic problems affecting road users (drivers, cyclists and pedestrians) in the roads next to the school?** (Please complete the road name and tick all boxes that apply to that road)

Road Name: _____

- | | |
|--|---|
| <input type="checkbox"/> Congestion | <input type="checkbox"/> Double parking |
| <input type="checkbox"/> Parking/driving in teachers car park | <input type="checkbox"/> Traffic speeds |
| <input type="checkbox"/> U-turns in front of school | <input type="checkbox"/> Lack of or narrow footpaths/ bike paths |
| <input type="checkbox"/> Cyclist/pedestrian speeds | <input type="checkbox"/> Children crossing road without using the formal crossing |
| <input type="checkbox"/> Parking in no standing/ parking zones/verge | <input type="checkbox"/> Lack of formal children crossings in key locations |
| <input type="checkbox"/> Pulling in/out of private driveways | <input type="checkbox"/> Other: _____ |

Road Name: _____

- | | |
|--|---|
| <input type="checkbox"/> Congestion | <input type="checkbox"/> Double parking |
| <input type="checkbox"/> Parking/driving in teachers car park | <input type="checkbox"/> Traffic speeds |
| <input type="checkbox"/> U-turns in front of school | <input type="checkbox"/> Lack of or narrow footpaths/ bike paths |
| <input type="checkbox"/> Cyclist/pedestrian speeds | <input type="checkbox"/> Children crossing road without using the formal crossing |
| <input type="checkbox"/> Parking in no standing/ parking zones/verge | <input type="checkbox"/> Lack of formal children crossings in key locations |
| <input type="checkbox"/> Pulling in/out of private driveways | <input type="checkbox"/> Other: _____ |

Road Name: _____

- | | |
|--|---|
| <input type="checkbox"/> Congestion | <input type="checkbox"/> Double parking |
| <input type="checkbox"/> Parking/driving in teachers car park | <input type="checkbox"/> Traffic speeds |
| <input type="checkbox"/> U-turns in front of school | <input type="checkbox"/> Lack of or narrow footpaths/ bike paths |
| <input type="checkbox"/> Cyclist/pedestrian speeds | <input type="checkbox"/> Children crossing road without using the formal crossing |
| <input type="checkbox"/> Parking in no standing/ parking zones/verge | <input type="checkbox"/> Lack of formal children crossings in key locations |
| <input type="checkbox"/> Pulling in/out of private driveways | <input type="checkbox"/> Other: _____ |

Question 15: **Have you noticed any other road safety danger spots in the area or on your regular route to and from school?**
