



School Travel Survey for Pupils and Parents / Guardians

Please fill out this form and then take it home for your parents / guardians to sign.

Name of School _____

Name _____

Postcode _____

What year are you in? (please put a number)

1. How do you come to school on most days? (please tick).

Walk

Car (alone)

Cycle

Car Share*

*Travelling with other child/children but who do not live in the same house

Bus*

Train

*Timetabled or School

2. Why do you come to school that way? (please tick)

Easy for you or your parents

Cheap

Distance from school – near

Lack of walking/cycling routes

Distance from school – far

Personal Safety

No bus or train available

On route to employment

Other reasons (please state below)



3. How do you go home from school each day? (please tick)

Walk

Car (alone)

Cycle

Car Share*

*Travelling with other child/children but who do not live in the same house

Bus*

Train

*Timetabled or School

4. Why do you go home that way? (please tick)

Easy for you or your parents

Cheap

Distance from school – near

Lack of walking/cycling routes

Distance from school – far

Personal Safety

No bus or train available

On route from employment

Other reasons (please state below)

5. How would you like to travel to and from school? (please tick)

Walk

Car (alone)

Cycle

Car Share*

*Travelling with other child/children but who do not live in the same house

Bus*

Train

*Timetabled or School

Why? _____



6. How far is your journey? (please tick)

Under 1 mile

Over 1 mile

Over 5 miles

7. If you do already walk or cycle, or wish to start, is there anything that would help make your journey easier or safer? For example, cycle storage, improved footpaths, crossing facilities or cycle training.

8. Is there anything you dislike about your journey to and from school? If so, please give details below.

9. Have you been involved in an accident on your way to or from school in the last year?

Yes

No

Please give details if possible _____

10. Do you own a bicycle? **Yes** **No**

If so, do you wear a cycle helmet?

Yes

No

11. Do you have a bus or train pass? Yes No

12. Do you wear any reflective or fluorescent clothes when you walk or cycle?
Yes No

Would you like to?
Yes No

13. Do you take part in a "walking bus" on your journey to school?
Yes No

Would you like to?
Yes No

14. Would you be interested in car sharing? Yes No

15. Are there any other comments you would like to make about the things that influence the way you travel to and from school?

Parents / Guardians Section:

1. Do you agree with your child's comments on this form?
Yes No

If not, please state why not _____

2. Do you have any additional comments you would like to make about your child's journey to and from school?

Please return this survey to your school