

School Travel Survey for Students

Name of School _____

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

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

Walk	<input type="checkbox"/>	Car (alone)	<input type="checkbox"/>
Cycle	<input type="checkbox"/>	Car Share*	<input type="checkbox"/> *Travelling with other students who do not live in the same house
Bus*	<input type="checkbox"/> *Timetabled or School	Train	<input type="checkbox"/>

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

Easy for you or your parents	<input type="checkbox"/>	Cheap	<input type="checkbox"/>
Distance from school – near	<input type="checkbox"/>	Lack of walking/cycling facilities	<input type="checkbox"/>
Distance from school – far	<input type="checkbox"/>	Personal Safety	<input type="checkbox"/>
No bus or train available	<input type="checkbox"/>		

Other reasons (please state below)

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

Walk	<input type="checkbox"/>	Car (alone)	<input type="checkbox"/>
Cycle	<input type="checkbox"/>	Car Share*	<input type="checkbox"/> *Travelling with other students who do not live in the same house
Bus*	<input type="checkbox"/> *Timetabled or School	Train	<input type="checkbox"/>

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

Easy for you or your parents	<input type="checkbox"/>	Cheap	<input type="checkbox"/>
Distance from school – near	<input type="checkbox"/>	Lack of walking/cycling facilities	<input type="checkbox"/>
Distance from school – far	<input type="checkbox"/>	Personal Safety	<input type="checkbox"/>
No bus or train available	<input type="checkbox"/>		

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 students who do not live in the same house

Bus*

*Timetabled or School

Train

Why?

6. 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.

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

8. 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

9. Do you own a bicycle?

Yes

No

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

Please return this survey to the school