

PART B – TO BE COMPLETED BY THE STUDENT IN CLASS

How old are you?

8 years old	9 years old	10 years old
11 years old	12 years old	12+ years old

Are you a:

Boy	Girl
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How would you most like to get to and from school? Please tick only **one** option.

Car	Bike
Car with other students	Scooter/Skateboard
Walk	Bus

Why do you choose this way? Please tick only **one** option.

Helps reduce traffic around the school	Helps me learn about my neighbourhood
It is fast	Easier for my parents / guardian
It is healthy and helps me keep fit	It is fun
It is safest	Teaches me how to use public transport
I can travel with my friends	Makes me feel grown up
Better for the environment	Other, please detail below:
I like being outside	

How often do you cycle? Please tick only **one** option.

I don't own a bicycle	Once every few weeks (monthly)
Each day (daily)	Not much at all / never
A few times a week (weekly)	

Thank you for helping us with this survey.

School Travel Survey

Grades 3 - 6

Surveys completed correctly and submitted by Monday 2 March 2015 will go into the draw to win one of four \$25 Rebel Sport Vouchers. *For the purpose of claiming the prize, please provide the following details:

Name: _____

Phone: _____

Email: _____

Grade: _____ Class: _____

Contact details will not be used for any other purpose. Please complete a survey for each child that attends the school. All sections must be completed to be eligible to win. Winners will be contacted in March.

PART A – TO BE COMPLETED BY PARENT OR GUARDIAN

This survey looks at how children that attend Great Ryrie Primary School travelled to and from school from Monday 23 to Friday 27 February 2015.

1. How did your child get TO school last week? (please tick one per day)
(If your child used more than one form of transport, choose the **one** they used for the longest distance)

	Mon	Tues	Wed	Thurs	Fri
Car (only passenger)					
Carpool (with other students)					
Walk					
Cycle					
Scooter/Skateboard					
Public transport					
Didn't go					
Other, please specify below:					

2. How did your child get home FROM school last week? (please tick one per day)
 (If your child used more than one form of transport, choose the **one** they used for the longest distance)

	Mon	Tues	Wed	Thurs	Fri
Car (only passenger)					
Carpool (with other students)					
Walk					
Cycle					
Scooter/Skateboard					
Public transport					
Didn't go					
Other, please specify below:					

3. What are your top three main reasons you choose your child's usual way of getting to and from school?
 (Write numbers **1, 2** and **3** in the boxes below)

Health and fitness	The weather
Not physically able to walk or cycle	Saves money
Too far for my child to walk or cycle	I have to pick up / drop off others
My child has a lot to carry	I drop my child off en route to other activities
My child is too young to travel alone	Most convenient
My child likes to travel with friends	Fastest
Good for the environment	Only available option
Too much traffic	Other, please specify below:
Safety	

4. How would you prefer for your child to travel to and from school? (Please select **one** option)

Car	Cycle
Carpool (with other students)	Scooter/Skateboard
Car and walk part of the way	Public transport
Walk	I'm happy with how my child currently travels

5. What can be done to make this achievable for you? (Please select your **top three reasons**. Write numbers **1, 2** and **3** in the boxes below)

More information about transport options	Organised carpooling / ride sharing
Better and safer walking and cycling routes to school	Improved public transport services (frequency, reliability)
Reduced traffic around the school	Safer public transport
Improved facilities (bike and scooter storage etc.)	I'm not interested in changing my travel choices
Informal walking groups	Informal cycling groups
Safer crossings near the school	Other, please specify below

6. How far by road does your child travel to get to school? (please tick **one**)

0 – 1km	2 – 3km
1 – 2km	More than 3km

7. How many minutes does this journey usually take? (please tick **one**)

Less than 10 minutes	20 – 30 minutes
10 – 20 minutes	More than 30 minutes

8. What year is your child in?

Grade 3	Grade 4	Grade 5	Grade 6
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9. Your child's gender?

Male	Female
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10. How did YOU mainly travel to primary school as a child? (If you used more than one form of transport, pick the **one** that you used the most)

Car	Scooter/Skateboard
Carpool (with other students)	Tram
Motorbike	Train
Walk	Bus
Cycle	Other? Please specify:

11. Please provide any comments below.

Thank you for completing this survey. Please make sure your child returns this survey to their teacher by **Monday 2 March** so they can complete their part of the survey in class. If you would like further information about this survey, please contact Great Ryrie Primary School Principal Doug Elliott on 9870 6098.