1. **What grade are you in? (Please tick)**

Prep Grade 1 Grade 2

1. **Are you a boy or girl?**

Boy Girl

1. **How do you get to school most days? (Please Circle)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | I Walk |  | I ride my Bike |
|  | I go in the Car |  | I ride my Scooter / Skateboard |
|  | I go on a School Bus |  | I go on a Train / Bus |

1. **How would you like to get to school most of the time? (Please circle)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | I Walk |  | I ride my Bike |
|  | I go in the Car |  | I ride my Scooter / Skateboard |
|  | I go on a School Bus |  | I go on a Train / Bus |

1. **What would you like to see happen around your school to make walking and bike riding to school easier for you? (Draw or write your ideas)**

**<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**