

# WALKING SCHOOL BUS QUESTIONNAIRE



Name/s of your child/ren:.....

Address: .....

.....

.....

How does your child usually travel to school?      *Walk / cycle / car / bus*

If they walk what route do they take?

.....

Do you accompany them?      *Yes / No*

Would your child use the Walking bus if a suitable route was set up?

*Yes / No / Maybe*

Would you be willing to act as a driver / conductor?      *Yes / no / maybe*

Do you wish to know more about the scheme?      *Yes / No*

Would you be able to attend a meeting on .....      *Yes / No*