

School Travel Plan Questionnaire - Parents

**Q1. What is your home postcode?** \_\_\_\_\_

**Q2. How many children do you have at the school?** \_\_\_\_\_

**Q3. What year are they in?** \_\_\_\_\_

**Q4. How does your child normally travel to and from school?**

Travel Methods	To School (tick one)	From School (tick one)
Walk		
Cycle		
Scoot		
Bus		
Car		
Other (please specify)		

**Q5. How long does the journey usually take in minutes? (please tick one)**

Less than 5 mins     5-15 mins     15-30 mins     30-45 mins     over 45 mins

**Q6. In an ideal world, would you like your child to travel in a different way?**

YES/NO (Delete as appropriate)

**If the answer is yes to above, please state how.**

Travel Methods	To School (tick one)	From School (tick one)
Walk		
Cycle		
Scoot		
Bus		
Car		
Other (please specify)		

**What is the main reason for not travelling in this way at the moment?**

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**Q7. If your child is driven to school, please can you give your reasons?  
(Please tick as appropriate)**

It is too far to walk/cycle	
Not enough time to travel by other means	
Journey to school combined with other journey (e.g. to work)	
Concerned over child being approached by strangers	
There are no safe routes and road crossing points	
Weather is too poor/unreliable	
Other (please specify)	