## Important School Travel Survey

**Dear Parent or Guardian,** 

Your school would like to learn how students get to and from school. This information will be used to plan safe and healthy transportation options for all students.

The survey will take less than 3 minutes to complete.

Please complete one survey for each child.

You can also fill out the survey online at

www.masaferoutessurvey.com/

Please complete EITHER the online survey or this form -- NOT BOTH!

PORTUGUÊS: Se necessário, peça para este papel lhe ser traduzido, ou visite o site abaixo para completar uma versão online em português.

ESPAÑOL: Si fuera necesario, por favor, que le traduzcan este formulario, o visite la página web que aparece debajo para completar una versión en internet en español.

FRANÇAIS: Si c'est nécessaire, veuillez faire traduire ce formulaire d'enquête, ou rendez-vous sur le site ci-dessous pour répondre à l'enquête en ligne en français.

TIẾNG VIỆT: Nếu cần thiết, vui lòng dùng bản dịch khảo sát này hoặc vào trang web để hoàn thành khảo sát trực tuyến bằng tiếng Việt.

语种名称:**如有必要**,请翻译本调查问卷或访问**下 列网站**,**填写一份在**线语种名称**版本**。

www.masaferoutessurvey.com/

1. What	grade	e is y	/our	chi	ld in?	P	re-K	K	<u> </u>	1		2		3		4		5	(	6	7		8	
2. What			you	live	on?																			
Name of n	earest c	ross-s	street	:				1	1	1	1	1			<u> </u>	<u> </u>	<u> </u>			1				
(nearest inter	section)		1	1				1	1	1	1	1		1	ı	ı	ı		1	1				
3. How (	does y	your	chi	ld g	et TO	sch	ool (	on r	nos	st d	lays	s? (	chc	os	e o	ne)								
O Family Vehicle (only children in your family)							O Carpool (with children from other families)								O Other (skateboard, scooter, inline skates, etc.)									
O Bike							O Walk																	
O School Bus						O Transit (city bus, subway, etc.)																		
3a: If you another d			mily \	vehic	le" or "	carpo	ol" fo	r trav	vel t	o sc	hoo	l, do	es tl	he d	Irive	r us	uall	у соі	ntinu	ue oi	n to	worl	c or	
O Yes							O No								O Not applicable									
4. How	does	our	chi	ld g	et ho	me F	RON	VI so	cho	ol d	on	mo	st d	ays	s? (	cho	oos	ео	ne)	)				
O Family Vehicle (only children in your family)						O Carpool (with children from other families)								er	r O Other (skateboard, scooter, inline skates, etc.)									
O Bike						OW	'alk																	
O School Bus						O Transit (city bus, subway, etc.)																		
4a: If you your way							ol" fo	r trav	vel h	nome	e fro	m s	cho	ol, d	o yc	u us	sual	ly pi	ck u	р уо	ur cl	nild	on	
O Yes						O No								O Not applicable										
5. How 1	_				-		-							ens	se?			]						

That's all! Thank you! If you have questions about this survey, please contact a school official.