



October 3, 2007  
Walk & Roll to School



Dear Parents: Please help us to gather important information for the development of Safe Routes to School maps. Alameda's Public Works Department will use this data to assist in preparing maps for each elementary school. When completed, maps will be made available to families with children at that school.

**Students: Please complete and sign the back of this form and turn it in the morning of Walk & Roll to School Day for a free thank you gift.**

Student Name \_\_\_\_\_ Age \_\_\_\_ Gender \_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_ Teacher \_\_\_\_\_

**Parent/Guardian - please complete:**

1. What street do you live on?  
Street name: \_\_\_\_\_ Closest cross street: \_\_\_\_\_
2. How does your child get to school during a typical school week? (check all that apply)
 

<input type="checkbox"/> walk	how many days of the week? _____
<input type="checkbox"/> bicycle	how many days of the week? _____
<input type="checkbox"/> scooter/skateboard	how many days of the week? _____
<input type="checkbox"/> car (includes carpool)	how many days of the week? _____
<input type="checkbox"/> other (please specify) _____	how many days of the week? _____

**Please answer questions 3 through 5 if you have checked 'car' above**

3. Does your child carpool to school with other students?  Yes  No
4. Where do you drop your child off?  
Street name: \_\_\_\_\_ Closest cross street: \_\_\_\_\_
5. After dropping off your child, where do you usually go directly afterwards? (please check one)
 

<input type="checkbox"/> work	If checked, how do you get out of Alameda? (check one)
	<input type="checkbox"/> across Miller-Sweeney Bridge (Tilden Way/Fruitvale)
	<input type="checkbox"/> via Doolittle Drive <span style="margin-left: 150px;"><input type="checkbox"/> across High Street Bridge</span>
	<input type="checkbox"/> across Park Street Bridge <span style="margin-left: 150px;"><input type="checkbox"/> through Posey Tube</span>
	<input type="checkbox"/> I work in Alameda
<input type="checkbox"/> home	<input type="checkbox"/> other (please specify) _____

(please turn over)

6. Would you be interested in having your child walk to school with a Walking School Bus?  
(A Walking School Bus is a group of children who walk to school with neighboring parents.)

Yes       No

7. Would you be interested in volunteering to be a Walking School Bus leader?

Yes       No

**Students - please complete: How Healthy Are You?**

8. What is your favorite healthy food? \_\_\_\_\_

9. Do you eat the school cafeteria lunch?  Yes     No

10. If yes, what is your favorite school lunch? \_\_\_\_\_

11. Do you bring your own lunch?  Yes     No

12. Check what you did yesterday:

My family cooked dinner at home last night       My family ate fast food last night

I ate at least one fruit or vegetable       I ate candy

I drank water       I drank soda

13. How many minutes of physical activity do you get most days? \_\_\_\_\_

14. What is your favorite physical activity? \_\_\_\_\_

**For good health, the U.S. Surgeon General recommends 60 minutes of moderate physical activity for children most days of the week!**

Please sign:

Student \_\_\_\_\_ Parent/Guardian \_\_\_\_\_



Alameda Council



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