



# Safe Routes to Schools – High School Application

**Due by September 23, 2011!**

Please return to [SR2S@transformca.org](mailto:SR2S@transformca.org) or via fax: (510)740-3131

*The information collected in this form will be used to determine the most effective staff allocations and implementation of our program; no particular answer rules you in or out of the program and each application will be evaluated on its own merits.*

## 1. School Information:

School Name	School District	Date of Application	
School Address	City	State	Zip Code
School Principal	Phone	Fax	Email
Applicant Name	Phone	Email	

## 2. Please estimate the following, if possible:

% of students living within 1 mile of school \_\_\_\_\_ 1 – 2 miles \_\_\_\_\_ >2 miles \_\_\_\_\_

## 3. Are there topographic/geographic barriers that affect travel to school (i.e. located on a steep hill or along a major arterial)? \_\_\_\_\_

## 4. What school safety/bicycle infrastructure is already in place at your school?

<input type="checkbox"/> School Resource Officer	<input type="checkbox"/> Safety or Parent Patrol
<input type="checkbox"/> Designated Drop-off Area	<input type="checkbox"/> Carpool Program
<input type="checkbox"/> Drop-off / Pick-up Area Policies & Procedures	<input type="checkbox"/> Proximity to major thoroughfare
<input type="checkbox"/> Nearest Traffic Light _____	<input type="checkbox"/> Bike Racks
<input type="checkbox"/> Policy that bans bicycles	<input type="checkbox"/> Encouragement to Ride Bicycles

## 5. Programmatic Infrastructure: Does your school have any of the following?

<input type="checkbox"/> Academies / Small learning communities	<input type="checkbox"/> Electives	<input type="checkbox"/> Afterschool programming
<input type="checkbox"/> School clubs (e.g. Ecology or Service Clubs, Wellness or Sustainability Clubs)		

6. Which of these would be a good place to pilot Safe Routes programming? Why?

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7. To the best of your knowledge, please estimate the percentages of the following travel modes for students at your school: :

\_\_\_ Drive alone \_\_\_ Driven by parent/guardian \_\_\_ Carpool \_\_\_ Bike \_\_\_ Walk \_\_\_ Bus \_\_\_ BART

8. On a scale of 1 – 5, with 1 being not a priority and 5 being your highest priority, please rate your priorities in terms of safety, walking and other active transportation to school this year:

Increasing Pedestrian Safety	1	2	3	4	5
Increasing Walking to School	1	2	3	4	5
Increasing Biking to School	1	2	3	4	5
Increasing Use of Public Transit	1	2	3	4	5
Reducing Traffic Congestion	1	2	3	4	5
Reducing Greenhouse Gas Emissions	1	2	3	4	5

9. Briefly, why do you want your school to participate in the Safe Routes to Schools Program?

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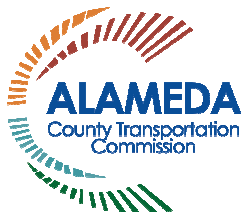
10. How do you envision your school participating in this Program?

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Thank you!



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TRANSPORTATION  
COMMISSION