

REGISTRATION FORM

The information which you fill in here is required to:

- Register your school into the school travel plan programme
- Produce the parents and students surveys
- Fill in the profile section of the survey reports which will go to the Example Council, Greater Wellington Regional Council and your school's action planning group

Information provided will only be used for the School Travel Plan programme

SCHOOL DETAILS

School name

School Type

Principal

School Address

Suburb

Postal Address

Email address


Phone number

Fax number

BANK DETAILS

Bank account number

GST number

 **Important: Please attach one of your school's bank deposit slips to this form (or fax a copy to the Travel Planner's number on the back page)**



COMMUNICATION & DEMOGRAPHICS

1. Who will be the Travel Plan contact person at your school?

Name: _____ Role: _____

Phone: _____

Email: _____

2. What decile is your school? _____

6. For printing of parent/household and class surveys could you please fill in how many of each of the following are there at your school:

Students _____

Classes _____

Households _____

BOARD OF TRUSTEES

Would the Board of Trustees like a presentation on the School Travel Plan process? Yes No

POLICIES, PROGRAMMES & ENVIRONMENT

1. Does your school have any special policies or rules regarding:

Pedestrian safety Yes No

Cyclist safety Yes No

School bus safety Yes No

Student pick up/ drop off safety Yes No

2. Are any of the following programmes and skills currently being taught in the school?

Pedestrian safety Yes No

Cyclist safety Yes No

School bus safety Yes No

Driver training Yes No

General Road Safety Yes No



3. Who teaches the previously listed topics at your school?

- | | | |
|----------------------------|------------------------------|-----------------------------|
| Teachers | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Police Education Officers | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other specialist educators | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

4. What programmes/events is your school committed to during the first year of your travel planning process? E.g. ICT, Numeracy, major productions, Active School etc.

5. Please list all the entrances to your school grounds:

REGISTRATION CHECKLIST

To complete the registration process, and allow your travel planner to print your maps and surveys please ensure that you have:

- Completed this registration form
- Attached (or faxed) your schools bank deposit slip
- Emailed your school logo to your travel planner
- Emailed addresses of students (NO NAMES PLEASE) to your travel planner. Addresses are used to define the area for the Planning for Real maps only.



***Thank you for taking time to complete this form.
Please return to:***

Sam Winslow
**Senior School Travel Plan Coordinator
Greater Wellington Regional Council**

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Manners St
Wellington 6142
Email: sam.winslow@gw.govt.nz
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