



Massachusetts Safe Routes to School Participation Request Form

School Name: _____ Principal: _____

Address: _____

Telephone: _____ Email: _____

Fax: _____ School Hours: _____

How many students attend this school? List total students per grade.

Grade	K	1	2	3	4	5	6	7	8	Sum
Number of Students										



What percent of students live within one mile? Fill in percentage below.

Percent of students living within one mile:	
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How do students currently travel to school? Fill in percentages below.

Walk		Bus		Public Transit	
Bicycle		Drop-Off/Pick-Up		Other	

Please CIRCLE the conditions around your school:

Are there sidewalks or paths/major approaches to the school?	Yes	No
Are there heavily traveled roads around the school?	Yes	No
Are there traffic signals or crosswalks around the school?	Yes	No

Please CHECK the participation level in which your school is interested:

Level 1
 Level 1 and 2
 Level 1, 2, and 3

Level 1	<ul style="list-style-type: none"> - Conduct Safe Routes to School Student Surveys - Sponsor a Safe Routes to School kick-off event - Communicate with school community on SRTS information and activities
Level 2	<ul style="list-style-type: none"> - Conduct a parent survey - Support two Safe Routes events - Implement Safe Routes activities
Level 3	<ul style="list-style-type: none"> - Support five or more Safe Routes events or a year long SRTS program - Partner with the community members for broader involvement - Form a task force to develop a Safe Routes program

Please CHECK the number of walking and bicycling event(s) your school will support:

1
 5-7
 2-4
 7+

Please CHECK the length of time your school will participate in the program:

Less than one year
 Two years
 One year
 Develop in the school plan

Please CHECK the stakeholders that will participate in the SRTS program:

Principal
 School staff
 Local health department
 Parents
 Safety/Police officer
 Other: _____

Submitted By

Name: _____ Position/Organization: _____

Email: _____ Telephone: _____ Date: _____

Please send the completed Participation Request form to: Safe Routes to School, c/o MassRIDES, 10 Park Plaza, Suite 2180, Boston, MA 02116 or fax to 1.617.892.6090
For more information please call 1.888.4COMMUTE. Thank you for your interest.

10 Park Plaza
Suite 2180
Boston, MA 02116
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1.617.892.6090 (FAX)
www.commute.com