

CITY OF SHELBY

SHELBY, OHIO 44875

MARILYN S. JOHN, MAYOR
R. LEE SHEPHERD, DIRECTOR OF LAW
ROBERT A. LAFFERTY, DIRECTOR OF FINANCE

CITY HALL
43 W. MAIN STREET
419-347-5131
Fax 419-347-1193

INCOME TAX OFFICE
43 W. MAIN STREET
419-342-5885
FAX 419-347-1193

Dear Shelby Parent or Guardian,

Welcome to an exciting year for education in our city. As a school parent myself, I look forward to a wonderful year of changes, excitement and opportunity along with you.

The City of Shelby has partnered with our schools and the Ohio Department of Transportation to bring **"Shelby Safe Routes to School"** to our town. This program has a focus of encouraging walking and bicycling to school to promote healthy, safe activities among our youth and is funded through state and federal grants.

In year one of the program, we will be collecting data from parents and educators to help better understand how our students travel to school and what we can do to improve accessibility. **We need your help!**

Please fill out the enclosed two-page survey and return it with your child to his teacher before **September 9th**.

Returning the form will automatically enter your child in a drawing to win a free bicycle and helmet! We have one bike per school building, so please return your completed surveys. Your help is greatly appreciated.

If you have general questions regarding the Shelby Safe Routes to School program, please contact Aaron Wiegand at Shelby City Hall at 419-347-5131.

Thank you for your help in addressing these issues in our city. I hope everyone has a safe and wonderful school year!

Sincerely,

Marilyn S. John – Mayor
City of Shelby

8. Has your child asked you for permission to walk or bike to/from school in the last year? Yes No

9. At what grade would you allow your child to walk or bike to/from school without an adult?
 (Select a grade between PK,K,1,2,3...) grade (or) I would not feel comfortable at any grade

Place a clear 'X' inside box. If you make a mistake, fill the entire box, and then mark the correct box

10. What of the following issues affected your decision to allow, or not allow, your child to walk or bike to/from school? (Select ALL that apply)

11. Would you probably let your child walk or bike to/from school if this problem were changed or improved? (Select one choice per line, mark box with X)

- | | | | |
|-------------------------------------------------------------------------|------------------------------|-----------------------------|-----------------------------------|
| <input type="checkbox"/> Distance..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Convenience of driving..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Time..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Child's before or after-school activities..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Speed of traffic along route..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Amount of traffic along route..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Adults to walk or bike with..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Sidewalks or pathways..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Safety of intersections and crossings..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Crossing guards..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Violence or crime..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Weather or climate..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |

Place a clear 'X' inside box. If you make a mistake, fill the entire box, and then mark the correct box

12. In your opinion, how much does your child's school encourage or discourage walking and biking to/from school?

- Strongly Encourages Encourages Neither Discourages Strongly Discourages

13. How much fun is walking or biking to/from school for your child?

- Very Fun Fun Neutral Boring Very Boring

14. How healthy is walking or biking to/from school for your child?

- Very Healthy Healthy Neutral Unhealthy Very Unhealthy

Place a clear 'X' inside box. If you make a mistake, fill the entire box, and then mark the correct box

15. What is the highest grade or year of school you completed?

- | | |
|-----------------------------------------------------------------|----------------------------------------------------------------------------------|
| <input type="checkbox"/> Grades 1 through 8 (Elementary) | <input type="checkbox"/> College 1 to 3 years (Some college or technical school) |
| <input type="checkbox"/> Grades 9 through 11 (Some high school) | <input type="checkbox"/> College 4 years or more (College graduate) |
| <input type="checkbox"/> Grade 12 or GED (High school graduate) | <input type="checkbox"/> Prefer not to answer |

16. Please provide any additional comments below.