

Pupil Exercise Survey

Child Name:		Year Group:		Class:	
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Exercise out of school

Please indicate what clubs, activities and exercise your child participates in out of school on an average week.

	Mon	Tues	Weds	Thurs	Fri	Sat	Sun
Activity							
Duration (minutes)							

Travel to school

Can you please indicate how your children travels to school most of the time? (please circle)

Bus	Walk	Car	Bike/Trike	Taxi	Other (please specify)

Thank you for taking the time to fill out this survey.