



Application Form

SCHOOL CONTACT

School Name:

Address:

Zip:

Borough:

District:

School Telephone: ()

Fax: ()

Principal Name:

Principal Contact Info:

Dedicated Support Staff Name:

Dedicated Support Staff Contact Info:

Parent Coordinator (if involved with bike to school):

Contact Info:

NEIGHBORHOOD

1. What are the general conditions for biking near your school?

2. Please list the bike lanes near your school:

3. Are there any busy streets that should be avoided?



PROOF OF INTEREST

4. Briefly describe your interest in Bike to School:

5. Has your school done any bike-related activities in the past?

6. Please list how many of the below currently bike to school:

- _____ Staff Members
- _____ Students
- _____ Families (i.e. parents dropping off students)

7. How does your school currently accommodate bicycles?

- _____ Number of Bike Racks Available
- _____ Available Bike Storage Room
- _____ Locker Room
- _____ Other

8. Please list any neighborhood partners, businesses, or community groups and their capacity for supporting Bike to School programming:

9. Please list bike shops in close proximity to the school. (A list of bike shops can be found on the NYC Cycling Map at nyc.gov/bikemap):

10. Please share a brief statement of interest from support staff:



CURRICULUM AND PROGRAMMING

11. How you would incorporate Bike to School curriculum in your school?

12. How would you accommodate Bike to School programming during the busy spring testing season?

THANK YOU!

**All Application materials are to be submitted
by end of day December 12, 2012 via email to:**

biketoschool@dot.nyc.gov