




Students: Vote for Your Favorite Way to Get to School!

First Name:	Last Name:
<input type="checkbox"/> Walking with friends or family <input type="checkbox"/> Biking <input type="checkbox"/> Scooter <input type="checkbox"/> Skateboard <input type="checkbox"/> Car/Driving with my family <input type="checkbox"/> Carpooling/Driving to school with friends or neighbors <input type="checkbox"/> Bus/BART <input type="checkbox"/> Other (List) _____ _____	
Grade:	
Homeroom:	


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