**Application submitted by:**

|  |
| --- |
| **School:** Click to enter text. |
| **Name:** Click to enter text. | **Role:** Click to enter text. | **Email:** Click here to enter text. |

[ ]  Please check to acknowledge your principal’s approval regarding the delivery of a Cycling Education Program at your school in spring 2017.

1. **Did you receive an EcoSchools Cycling Education Program during the 2015/16 school year?** [ ] Yes [ ]  No [ ] Unsure
2. **Using the charts below, select the Cycling Education Program\* you would like to have delivered at your school in spring 2017. Selected schools will be eligible to receive one Cycling Education Program at no cost.**

***\*****For a full description of the Cycling Education Programs available to schools in 2017, visit* [*ecoschools.ca>Enrich Your Program>Cycling Supports*](http://www.tdsb.on.ca/ecoschools/Home/EnrichyourProgram/CyclingSupports.aspx)

**Elementary and Middle School Programming**

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| --- |
|  |
|  | **Program** | **Program Length** | **Audience** | **Staff/volunteers required** | **Bikes required?** |
|  | **Instructional Day** |
|[ ]  a. Bike Rodeo1 | 150 min. | 60 – 120 students | 4 – 7 | Yes |
|[ ]  b. Bike Assembly | 50 min. | Whole school | 1 per class | No |
|[ ]  c. Mechanics workshop | 50 min. | 2 – 6 classes | 1 per class | Optional |

**Secondary School Programming**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Program** | **Program Length** | **Audience** | **Staff/volunteers required** | **Bikes required?** |
|  | **Instructional Day or Extracurricular** |
|[ ]  a. Road Safety | 50 - 75 min. | 2 classes | 1 | No |  |  |
|[ ]  b. Riding Skills1 | 75 min | 20 – 40 students | 1 | Yes |
|[ ]  c. Mechanics workshop | 50 - 75 min | 10 – 20 students | 1 | Optional |

1 A signed [Parent/Guardian Permission for Excursion Form](http://www.tdsb.on.ca/AboutUs/Policies%2CProceduresForms/Detail.aspx?docId=738) is required for all students participating in this program. It is the responsibility of the school to collect this form prior to program delivery.

|  |
| --- |
| Click here to enter text. |

1. **In the space provided, please describe your interest in receiving the cycling education program indicated above. What are your anticipated learning outcomes? How would having this program delivered at your school contribute to the promotion of active transportation?**
2. **Who is your anticipated student audience for this program?** *(check all that apply)*

|  |  |
| --- | --- |
|[ ]  Primary |[ ]  EcoTeam |
|[ ]  Junior |[ ]  Bike Club |
|[ ]  Intermediate |[ ]  Other: Click here to enter text. |
|[ ]  Senior |  |  |

|  |
| --- |
| Click here to enter text. |

1. **How many students do you anticipate will participate in this program?**
2. **In which week would you prefer to have your program delivered?** Use the table below to rank your preferences, 1 being the most preferable.\*

*\* Although we will attempt to accommodate all date requests, date availability will be dependent on scheduling demands.*

|  |  |
| --- | --- |
| **Rank** | **Week** |
|   | **April 18 – 21** |
|   | **April 24 – 28** |
|   | **May 1 – 5** |
|   | **May 8 – 12** |
|   | **May 15 – 19** |
|   | **May 23 – 26** |
|   | **May 29 – June 2**  |
|   | **June 5 - 9** |
| **Comments:** Click here to enter text. |

[ ]  Please check to acknowledge your commitment to promoting cycling at your school by registering for Bike to School Week 2017 (www.biketoschoolweek.ca).

Please send this application to Cynthia Chan using one of the following methods:

Email: Cynthia.Chan@tdsb.on.ca

Fax: (416) 396-3447

Interoffice Mail: 85 Shorting, Cynthia Chan, NE

**Applications received by February 28th, 2017 will be considered for cycling education programs delivered between April and June, 2017.**