

# Allen Christian School

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Linda C. Morant  
Director

The Reverend Dr. Elaine M. Flake  
Co-Founder



The Reverend Dr. Floyd H. Flake  
Pastor/Founder

## Transportation Survey 2024-2025

Grade: \_\_\_\_\_

Student: \_\_\_\_\_  
**Last**                      **M.I.**                      **First**                      Male/Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ N.Y.                      Zip Code: \_\_\_\_\_

Birth Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Home or Cell # \_\_\_\_\_

\_\_\_\_ Family provides transportation

\_\_\_\_ Private Bus – Name of Bus Company \_\_\_\_\_  
Driver's Name \_\_\_\_\_  
Phone Number \_\_\_\_\_  
\_\_\_\_ A.M. only      \_\_\_\_ P.M. only      \_\_\_\_ Roundtrip

\_\_\_\_ Long Island Bus  
Name of Bus Company \_\_\_\_\_  
Bus # \_\_\_\_\_  
School District \_\_\_\_\_

\_\_\_\_ Metro Card Eligible for Kindergarten and 1<sup>st</sup> Grade only

Parent Name: \_\_\_\_\_ Signature \_\_\_\_\_  
**PLEASE PRINT**

Date: \_\_\_\_\_