



ELEMENTARY SATELLITE TRANSPORTATION FORM

STUDENT NAME: \_\_\_\_\_  
ATTENDING SCHOOL: \_\_\_\_\_  
PARENT SIGNATURE: \_\_\_\_\_  
DATE: \_\_\_\_\_

PLEASE CIRCLE THE SATELLITE YOU ARE REQUESTING.

1. NORTHLAKE MALL/SEARS(CORALWOOD)
2. CHAPEL HILL ELEMENTARY SATELLITE
3. FLAT ROCK
4. MEMORIAL SHUTTLE
5. PEACHTREE MIDDLE
6. PRINCETON
7. WADSWORTH
8. BLACKBURN PARK

\*Please note it is imperative this form is filled out when requesting a satellite transportation.

Please return this form to Angela Powell-Goodson/Transportation Supervisor  
[Angela I powell-goodson@dekalbschoolsga.org](mailto:Angela_I_powell-goodson@dekalbschoolsga.org) 678-676-5508