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_l_powell-goodson@dekalbschoolsga.org  678-676-5508