HIGH SCHOOL SATELLITE TRANSPORTATION FORM

STUDENT NAME: _______________________________
ATTENDING SCHOOL: ___________________________
PARENT SIGNATURE: ____________________________
DATE: __________

PLEASE CIRCLE THE SATELLITE YOU ARE REQUESTING.
1. CEDAR GROVE
2. M.L. KING (ARABIAN MTN ONLY)
3. MEMORIAL SATELLITE
4. LAKESIDE
5. LITHONIA (ARABIAN MTN ONLY)
6. STEPHENSON
7. PEACHTREE MIDDLE (CHAMBLEE HIGH)
8. SEQUOYAH MIDDLE SATELLITE

*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