

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