

## MIDDLE SCHOOL SATELLITE TRANSPORTATION FORM

STUDENT NAME: \_\_\_\_\_

ATTENDING SCHOOL: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PLEASE CIRCLE THE SATELLITE YOU ARE REQUESTING

1. CEDAR GROVE MIDDLE

2. CORALWOOD

3. HENDERSON MIDDLE

4. MEMORIAL SHUTTLE

5. MILLER GROVE MIDDLE

6. PEACHTREE MIDDLE (CHAMBLEE MIDDLE)

7. STEPHENSON MIDDLE

\*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](mailto:angela_l_powell-goodson@dekalbschoolsga.org)

678-676-5508