



ELEMENTARY SATELLITE TRANSPORTATION FORM

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

PLEASE CIRCLE THE SATELLITE YOU ARE REQUESTING.

1. CORALWOOD
2. FLAT ROCK
3. MEMORIAL SHUTTLE
4. PEACHTREE MIDDLE
5. PRINCETON
6. WADSWORTH

\*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