

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)

*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

