

ELEMENTARY SATELLITE TRANSPORTATION FORM

STUDENT NAME: _____

ATTENDING SCHOOL: _____

PARENT SIGNATURE: _____

PARENT PHONE: _____

DATE: _____

PLEASE CIRCLE THE SATELLITE YOU ARE REQUESTING.
ONLY ONE LOCATION CAN BE CHOSEN

1. CHAPEL HILL ELEMENTARY
2. NORTHLAKE MALL
3. MEMORIAL SATELLITE
4. BLACKBURN PARK
5. WADSWORTH ELEMENTARY
6. FLAT ROCK ELEMENTARY
7. PEACHTREE MIDDLE
8. PRINCETON ELEMENTARY

*Please note it is imperative this form is filled out when requesting satellite transportation every year.

Please return this form to Angela Powell-Goodson
Transportation Supervisor

angela_powell-goodson@dekalbschoolsga.org

678-676-5508