

FALL BREAK LEAVE FORM

Student Name _____

Departing Date and Time _____

Student will be available for pick up from 12:00-1:00pm from their dorm

Departing campus by car with _____

Name of Parent or Authorized Adult

Returning Date and Time _____

If you are returning your student to his or her dorm, please return from 3:00-5:45pm

Returning to campus by car with _____

Name of Parent or Authorized Adult

OR

Tallulah Falls School RIDESHARE/BUS SHUTTLE service

- () **My student will ride the shuttle from Tallulah Falls School to Indian Trail RideShare lot**
(Exit #101- Off of I-85 North and South)

Leaving Indian Trail RideShare lot with: _____

Name of Parent or Authorized Adult

- () **My student will ride the shuttle from Indian Trail RideShare lot to Tallulah Falls School**

Returning to Indian Trail RideShare lot with: _____

Name of Parent or Authorized Adult

OR

Tallulah Falls School AIRPORT shuttle service

- () **My student will ride the shuttle from Tallulah Falls School to Hartsfield-Jackson International Airport in Atlanta**
DEPARTING FLIGHT AIRLINE, NUMBER AND DEPARTURE TIME _____

() Check here if this is an international flight

- () **My student will ride the shuttle from Hartsfield-Jackson International Airport in Atlanta to Tallulah Falls School**
RETURNING FLIGHT AIRLINE, NUMBER AND ARRIVAL TIME _____

() Check here if this is an international flight

Parent or Guardian Signature

EMAIL FORM TO: allie.audet@tallulahfalls.org