

WINTER BREAK LEAVE FORM

Student's Name _____

Departing Time and Date _____

Returning Time and Date _____

Departure by Car with _____
Name of Parent or Authorized Adult

OR

Bus to () Ride Share - Returned to Ride Share By: _____

Return by Car with: _____
Name of Parent or Authorized Adult

OR

Bus From () Ride Share - Returned to Ride Share By: _____

Name of Parent or Authorized Adult

Please check the appropriate box below if applicable

- My Student will depart by school shuttle from the Indian Trail Ride Share to Hartsfield International Airport.

- My Student will return by school shuttle from Hartsfield International Airport to the Indian Trail Ride Share.

Parent or Guardian Signature
Fax # 706-754-9933