

**THANKSGIVING 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