

LABOR DAY WEEKEND 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