

CHRISTMAS BREAK LEAVE FORM
Thursday, December 15, 2016- Monday, January 2, 2017

Student Name _____

Departing Date and Time _____

Student will be available for pick up from 3:30-6:30pm 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 NO EARLIER than 3:00pm

Returning to campus by car with _____

Name of Parent or Authorized Adult

OR

Tallahassee Falls School RIDE SHARE/BUS SHUTTLE service

ALL Bus/ Airport Shuttle payments need to be made through Pamela Vaughan in the Business Office: 706.839.2028

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

Leaving Indian Trail Ride Share lot with: _____

Name of Parent or Authorized Adult

- () **My student will ride the shuttle from Indian Trail Ride Share lot to Tallahassee Falls School**

Returning to Indian Trail Ride Share lot with: _____

Name of Parent or Authorized Adult

OR

Tallahassee Falls School AIRPORT shuttle service

*Flights need to depart **AFTER 7pm** and return **NO LATER than 1pm***

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

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

Parent or Guardian Signature

FAX FORM TO: 706.754.9933
EMAIL FORM TO: sarah.lowry@tallahasseefalls.org
Please return NO LATER than December 9