

**OCTOBER OPEN WEEKEND LEAVE FORM**  
**Thursday, October 12 - Sunday, October 15, 2017**

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 NO EARLIER than 3:00pm – Before 5:45pm\***

Returning to campus by car with \_\_\_\_\_

Name of Parent or Authorized Adult

**OR**

**Tallahah 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 Tallulah 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 Tallulah Falls School**

Returning to Indian Trail Ride Share lot with: \_\_\_\_\_

Name of Parent or Authorized Adult

**OR**

**Tallahah Falls School AIRPORT shuttle service**

*\*Flights need to depart AFTER 5pm and return NO LATER than 1pm\**

- ( ) **My student will ride the shuttle from Tallulah 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 Tallulah Falls School**  
**RETURNING FLIGHT AIRLINE, NUMBER AND ARRIVAL TIME** \_\_\_\_\_

**OR**

**Campus stay for International and Out-of-State students**

*\*ALL payments for remaining on campus need to be made through Pamela Vaughan in the Business Office: 706.839.2028\**

- ( ) **My student is an International or Out-of-State student and will remain on campus for the Open Weekend. By checking here, I agree to the additional fee that is required for this option.**

\_\_\_\_\_  
Parent or Guardian Signature

FAX FORM TO: 706.754.9933

EMAIL FORM TO: [sarah.lowry@tallahahfalls.org](mailto:sarah.lowry@tallahahfalls.org)

Please return NO LATER than October 4