

OCTOBER OPEN WEEKEND LEAVE FORM
Friday, October 9- Monday, October 12, 2020

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 between 3:00-5:45pm

Returning to campus by car with _____

Name of Parent or Authorized Adult

OR

Tallulah Falls School RIDE SHARE/BUS SHUTTLE service

- () **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

- () **My student will remain on campus for the October Open Weekend**

Parent or Guardian Signature

FAX FORM TO: 706.754.9933

EMAIL FORM TO: sarah.lowry@tallulahfalls.org

Please return NO LATER than October 2