

The Fairhaven Program: Family Application

Parents:

Name:

Phone:

Email:

Name:

Phone:

Email:

Address:

Student:

Name:

Birthday:

Current Grade and School:

Allergies or Health Concerns:

The main program meets 9 a.m. to 3 p.m. on Monday and Wednesday throughout the school year. Does this work with your family's schedule?

What made you choose to apply to this program?

What are your goals for your child over the next four years?

How do you enjoy spending time together as a family?

What role do you envision playing in your child's high school education?