

The Fairhaven Program: Family Application

Parents:

Name:

Phone:

Email:

Name:

Phone:

Email:

Address:

Student:

Name:

Birthday:

Current Grade and School:

Has your son or daughter ever had any disciplinary or social issues in 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 do you appreciate most about your son's or daughter's education thus far?

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What part of the Program's curriculum do you think will be the most challenging for your son or daughter?

What part will be the most exciting?