



APPLICATION AND VISITING WEEK REQUEST

Name/s and age/s of Prospective Student/s _____

Please note that prospective students should be 5 or older by December 31st of the year in which they enroll.

Names of Parents/Guardians _____

Address _____

City _____ State _____ Zip _____

Home phone _____ Daytime phone _____ cell or wk

Parents' email address _____ Student's email address _____

Name of Other Parent/Guardian (if at a separate address) _____

Address _____

City _____ State _____ Zip _____

Home phone _____ Daytime phone _____ cell or wk

Emergency contact: _____ Phone: _____

Where did you hear about Fairhaven School? _____

All applicants are required to visit the school for one week and complete a pre- and post-visiting week interview. See back for Visiting Week Request Form.

VISITING WEEK REQUEST

We request a Visiting Week for the following prospective students: _____

The Visiting Week will begin on _____ (date)

and end on _____ (date)

We understand that Fairhaven School will regard this/these visitor/s as it would any student at the school. In particular, we have read the Open Campus Policy and understand that the School does not undertake to supervise students or visitors. Furthermore, we have read, understood and signed a Release of Liability in connection with our child/children's visit to the school.

Parent or Legal Guardian

Parent or Legal Guardian

Date _____

I agree as a visitor to follow the rules of the school and accept the responsibility for my own conduct. I have read, understood, and signed a Release of Liability in connection with my visit to Fairhaven School.

Visitor

Visitor

Visitor

Visitor

Date _____

Application Fees: \$70 processing fee per family, \$175 Visiting Week tuition per prospective student.

TOTAL: \$ _____

Please make checks payable to Fairhaven School.