

TRUMBULL COUNTY BOARD OF DEVELOPMENTAL DISABILITIES
FAIRHAVEN SCHOOL PROGRAM
420 Lincoln Way, Niles, OH 44446

Phone: 330-652-5811

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PARTICIPATION IN FAIRHAVEN SWIM PROGRAM

My signature below indicates that I acknowledge that the swim program at Fairhaven School is an integral part of the preschool and school-age curriculum for all enrolled students as stated in the Parent Handbook.

Child's Name: _____ Date: _____

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

My child is a: Swimmer (*without flotation device*) Non-Swimmer (*with flotation device*)



FIELD TRIP PERMISSION FORM
2020 – 2021 SCHOOL YEAR

Fairhaven School plans various class field trips throughout the course of the school year.

By signing this form below, you grant permission to have your child participate in these trips for the entire school year.

You will be notified of the date, time, and destination of each trip. At that time, should you **not** want your child to participate, you must notify your child's teacher in writing and keep your child home for that day.

Should you have any questions on this, please contact your child's teacher.

Student's Name _____, has my permission to participate in field trips for the upcoming school year.

Parent/Guardian Signature: _____ Date: _____