

Pomfret Community School  
2021-2022

Family Information

Please update one form per family per year.

Student name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Student name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Student name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Student's address: \_\_\_\_\_

Mother's/Guardian's name: \_\_\_\_\_  
Mother's/Guardian's email: \_\_\_\_\_  
Mailing address (if different from above): \_\_\_\_\_  
Contact number: \_\_\_\_\_  
Place of employment : \_\_\_\_\_ contact number: \_\_\_\_\_

Father's/Guardian's name: \_\_\_\_\_  
Father's/Guardian's email: \_\_\_\_\_  
Address(if different from above) \_\_\_\_\_  
contact number: \_\_\_\_\_  
Place of employment: \_\_\_\_\_ contact number: \_\_\_\_\_

Custody Order/Restraining Order: \_\_\_\_\_

Daycare Provider: \_\_\_\_\_ contact number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Days of week at Daycare: \_\_\_\_\_

Emergency Contacts other than parents. These are people that are able to pick your student(s) up in case of an emergency.

Name & contact number: \_\_\_\_\_  
Name & contact number: \_\_\_\_\_  
Name & contact number: \_\_\_\_\_  
Name & contact number: \_\_\_\_\_  
Name & contact number: \_\_\_\_\_  
Name & contact number: \_\_\_\_\_

Name of Doctor: \_\_\_\_\_ contact number: \_\_\_\_\_  
Name of preferred hospital: \_\_\_\_\_  
Does this student have health insurance: \_\_\_\_\_  
Name of health insurance company: \_\_\_\_\_

Health History(Medical Diagnosis, Allergies, Medications, Restrictions, etc.): \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_