



THE UNQUOWA SCHOOL
 981 STRATFIELD ROAD, FAIRFIELD, CT 06825
 203-372-8876

**FAMILY
 INFORMATION
 2011-2012**

UNQUOWA STUDENT(S)			
LAST NAME	FIRST NAME	GRADE	DATE OF BIRTH
LAST NAME	FIRST NAME	GRADE	DATE OF BIRTH
LAST NAME	FIRST NAME	GRADE	DATE OF BIRTH
LAST NAME	FIRST NAME	GRADE	DATE OF BIRTH

CHILD(REN) LIVE WITH MOTHER FATHER BOTH

MOTHER		
LAST NAME	FIRST NAME	
STREET		
CITY	STATE	ZIP
OCCUPATION	COMPANY NAME	
CITY	STATE	ZIP
HOME PHONE		
CELL PHONE		
WORK PHONE		
E-MAIL		

FATHER		
LAST NAME	FIRST NAME	
STREET		
CITY	STATE	ZIP
OCCUPATION	COMPANY NAME	
CITY	STATE	ZIP
HOME PHONE		
CELL PHONE		
WORK PHONE		
E-MAIL		

MATERNAL GRANDPARENTS	
LAST NAME	FIRST NAME(S)
STREET	
CITY	STATE ZIP
HOME PHONE	CELL PHONE
EMAIL	

PATERNAL GRANDPARENTS	
LAST NAME	FIRST NAME(S)
STREET	
CITY	STATE ZIP
HOME PHONE	CELL PHONE
EMAIL	

SIBLINGS			
SIBLING'S NAME	SCHOOL	GRADE	DATE OF BIRTH
SIBLING'S NAME	SCHOOL	GRADE	DATE OF BIRTH
SIBLING'S NAME	SCHOOL	GRADE	DATE OF BIRTH

**EMERGENCY
INFORMATION
2011-2012**

STUDENT NAME: _____

MEDICAL INFORMATION

In the event of a medical emergency, the school reserves the right to call an ambulance and transport the child by ambulance to the nearest hospital or, if feasible, to the hospital indicated on this form. Parents will be contacted as promptly as possible.

In case of emergency, if it is necessary to call a physician or dentist, contact:

Pediatrician: _____ **Phone:** _____

Dentist: _____ **Phone:** _____

Hospital Choice: _____ Bridgeport Hospital _____ St. Vincent's Medical Center
(EMS will transport only to the above named hospitals)

Health Issues: (allergies, significant medical conditions)

Medications:

I give permission for essential medical information to be communicated to appropriate school personnel to ensure my child's health and safety in school.

PARENT/GUARDIAN SIGNATURE DATE

EMERGENCY CONTACTS

Parents will be notified first. If they are unavailable, emergency contacts will be called in the order indicated below:

NAME	RELATIONSHIP	HOME PHONE	CELL PHONE
NAME	RELATIONSHIP	HOME PHONE	CELL PHONE
NAME	RELATIONSHIP	HOME PHONE	CELL PHONE
NAME	RELATIONSHIP	HOME PHONE	CELL PHONE