I.D.E.A.S.
A Montessori Preschool

STUDENT DATA UPDATE SHEET
SY 20___ to 20____

Name: ____ Nickname: __________________
Surname First Middle
Home Address: ____

Phone Number (Home): ____

Name of Father: ___________________________ Occupation: ___________________
Business Address: ____
_________________________________ Business Phone:___________________
E-mail: __________________________ Mobile No.: ________________________

Name of Mother: ___________________________ Occupation: ___________________
Business Address: ____
_________________________________ Business Phone:___________________
E-mail: __________________________ Mobile No.: ________________________

Names of Brothers and Sisters	Age	School Attended
____________________________	______	__________________________
____________________________	______	__________________________
____________________________	______	__________________________

MEDICAL HISTORY UPDATE

1. Has the child contracted the following illnesses? (Please check and indicate the year or age the child contracted the illness)

☐ Mumps __________________ ☐ Chickenpox ___________________
☐ Measles ______________________ ☐ Asthma ___________________
☐ German Measles ________________ ☐ Others: ____________________

2. Has the child received the following immunizations? (Please indicate the date of immunization)

☐ Chickenpox __________________ ☐ DPT Vaccine _________________
☐ German Measles ________________ ☐ BCG Injection _________________
☐ Hepatitis A ___________________ ☐ Oral Polio Vaccine ______________
☐ Hepatitis B __________________ ☐ Flu Vaccine ___________________
☐ MMR Vaccine __________________

3. Is there any other information regarding the child's health which will enable us to understand and care for him/her better? (special diet/medication/allergies)

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