



## Montessori Academy Bangkok International School Student Information Form 2017-2018 Academic Year

### Student Information:

Full Name:

\_\_\_\_\_

Boy

Girl

Photo

Birth Certificate/Passport Number:

\_\_\_\_\_

Date of Birth: \_\_\_\_\_YY\_\_\_\_\_MM\_\_\_\_\_DD

Current Age: \_\_\_\_\_YY\_\_\_\_\_MM

Place of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

Number of siblings in the family: 0 1 2 3 4

Birth Order: 0 1 2 3 4

Language(s) spoken at home:

\_\_\_\_\_

Child's Caretaker(s): Mother Domestic Helper Childcare Center  
Father Grandparent Relative

Vaccinations are up-to-date: Yes No

Medical History: Chicken Pox Diabetes  
Mumps Hepatitis  
Measles Scarlet Fever  
Others \_\_\_\_\_

Physical Disability: Speech Movement  
Sight Hearing  
Others \_\_\_\_\_

If your child suffers from the following, please give details:

- |   |  |
|---|--|
| <input type="checkbox"/> Epileptic Fits | <input type="checkbox"/> Frequent colds/coughs |
| <input type="checkbox"/> Tonsillitis    | <input type="checkbox"/> Ear-ache              |
| <input type="checkbox"/> Vomits easily  | <input type="checkbox"/> High Fever            |
| <input type="checkbox"/> Others _____   |  |

Does your child suffer from the following allergies?

- |                                    |                                    |
|------------------------------------|------------------------------------|
| <input type="checkbox"/> Asthma    | <input type="checkbox"/> Hay Fever |
| <input type="checkbox"/> Skin Rash | <input type="checkbox"/> Others    |

State the cause, if known \_\_\_\_\_

If your child has had a serious accident, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please give details of diet restrictions, if any, on medical or/and religious grounds:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hand Dominance:      Right                      Left                      Undecided

### **Developmental History:**

Age at which child:      Crept on hands and knees      \_\_\_\_\_  
                                    Sat alone    \_\_\_\_\_  
                                    Walked alone    \_\_\_\_\_  
                                    Named simple objects    \_\_\_\_\_  
                                    Repeated short sentences    \_\_\_\_\_

Word he/she uses for urination: \_\_\_\_\_ Bowel movement: \_\_\_\_\_

Does he/she dress self: \_\_\_\_\_ Undress self: \_\_\_\_\_

What time does child usually eat breakfast? \_\_\_\_\_

Lunch? \_\_\_\_\_ Dinner? \_\_\_\_\_

What time does child usually go to bed at night? \_\_\_\_\_ Awaken? \_\_\_\_\_

Does child sleep well? \_\_\_\_\_

Does he/she have a room alone? \_\_\_\_\_

If not, with whom? \_\_\_\_\_

What are his/her favorite indoor activities?

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What are his/her favorite outdoor activities?

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Does he/she play with water? \_\_\_\_\_

Does he/she go barefoot? \_\_\_\_\_

Does he/she have any special fears that you are aware of?

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Has he/she had group play experiences? \_\_\_\_\_

Where? \_\_\_\_\_

Does he/she have neighborhood playmates?

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When and with whom does he/she watch TV with?

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What is the method of behavior control used in your home?

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What is your child's reaction when it is used?

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How would you describe your child's personality?

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Please give below any other information that will help your child's teacher understand him/her better:

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Why are you choosing a Montessori School for your child?

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What expectations do you have for your child from this school experience?

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