MOUNT HOLLY TOWNSHIP PUBLIC SCHOOLS
MOUNT HOLLY, NEW JERSEY 08060

CONFIDENTIAL

Student History Form

Child's Name:_____

Address:_____ Phone #:_____

MEDICAL HISTORY: MOTHER'S PREGNANCY

1. Any complications (difficulties, sick or hospitalized during pregnancy) Yes _____ No ____

_____

Full-term pregnancy? Yes _____ No _____

BIRTH: Breech _____ C/S _____ Natural _____ Infant's Birth Weight: _____

Any problems as an infant? _____

Any Surgery _____ Any hospitalization? _____

Bed Wetting: Trouble with urination, kidneys, or bladder infections:_____
Does he/she still wet the bed? Yes_____ No_____
How would you describe your child as a baby or young child?
1. Activity: Hyper_____ High_____ Average_____ Low_____
2. Easy going/happy_____
3. Quiet/slow to warm up_____
4. Problems sleeping at night_____

SOCIAL: Child plays with: Brother_____ Sister_____ Friend(s)_____ by Self_____

PRESCHOOL HISTORY:

Preschool Name/Address: _____

_____

Days per week: _____ Years of Attendance: _____

OTHER: Anything you think we should know about your child. (Any experience that seemed upsetting to him/her?)

_____
_____

_____ _____
Parent/Guardian Signature Date