



THE KOORALBYN INTERNATIONAL SCHOOL

Ogilvie Place, Kooralbyn, QLD 4285, Australia
Telephone :: (07) **5544 5500** Fax :: (07) 5544 6108
Kooralbyn Campus Incorporated ABN :: 22 449 947 887
Email :: **admissions@tkis.qld.edu.au**



BOARDER - DIETARY & OTHER NEEDS FORM

FORM B2

OFFICE USE ONLY

STUDENT ID ::

CLIENT ID ::

See also
APPLICATION FOR ENROLMENT OF A NEW STUDENT (FORM A1)
MEDICAL INFORMATION ADVICE (FORM A2)
APPLICATION FOR BOARDING (FORM B1)
APPLICATION FOR MASTERY PROGRAMS (FORM M1)

NOTE :: If you have not already submitted a FORM A1 (Application for Enrolment of a New Student) and/or FORM A2 (Medical Information Advice), and/or FORM B1 (Application For Boarding) please complete and attach FORMS A1, A2 and B1 together with this application.

Student Name:

Date Of Birth:

...../...../.....

The school's catering staff try to provide appetising, nutritious meals for all boarders. We acknowledge however that everyone is an individual and we attempt to accommodate any special dietary needs.

Please indicate by ticking YES or NO to the following and providing any relevant details :

Is the above named student....

Details

Diabetic

 NO YES →

Vegetarian

 NO YES →

Lactose intolerant

 NO YES →

Peanut allergic

 NO YES →

Wheat allergic

 NO YES →

Dairy allergic

 NO YES →

Seafood allergic

 NO YES →

Are any learning or behavioural problems likely to arise due to consumption of certain foods?

 NO YES

Is there anything else we should know regarding dietary needs? Eg: Certain food restrictions due to Religious or Cultural beliefs etc.

 NO YES

OTHER IMPORTANT INFORMATION:

(Please make sure you have completed and submitted the separate FORM A2 (Medical Information Advice))

Does this student suffer from any medical conditions such as depression / anxiety, sleep disorders, bed wetting etc?

NO YES →

Are there any television shows screened before 8:30 PM in Brisbane/Gold Coast that you forbid this student to watch?

NO YES →

Are there any television shows screened before 8:30 PM that you encourage this student to watch?

NO YES →

Are you aware of any social problems or disorders that this student experiences, (e.g. Shyness, Anger Management, etc)?

NO YES →

PERMISSION DENIED : Throughout the year, the school attempts to provide a wide range of supervised weekend activities for Boarders. Please tick the boxes to indicate any activities you do NOT want this student to participate in...

- | | | | |
|--|---|---|---|
| NO <input type="checkbox"/> Theme Park Trips | NO <input type="checkbox"/> Swimming | NO <input type="checkbox"/> Sailing | NO <input type="checkbox"/> Golf |
| NO <input type="checkbox"/> Hang Gliding | NO <input type="checkbox"/> Flying | NO <input type="checkbox"/> Shooting | NO <input type="checkbox"/> Tennis |
| NO <input type="checkbox"/> Sky Diving | NO <input type="checkbox"/> Horse Riding | NO <input type="checkbox"/> Archery | NO <input type="checkbox"/> Rowing |
| NO <input type="checkbox"/> Scuba Diving | NO <input type="checkbox"/> Camping | NO <input type="checkbox"/> Boating/Fishing | NO <input type="checkbox"/> Defensive Driving |
| NO <input type="checkbox"/> Snorkeling | NO <input type="checkbox"/> Mountain Climbing | NO <input type="checkbox"/> Shopping Trips | NO <input type="checkbox"/> Theatre/Movies |

Is there anything else we should know?

NO YES →

I/We declare the above information to be true to the best of my/our knowledge and that any necessary Medical Information will be provided (or has been provided) on FORM A2 (Medical Information Advice).

Signature of parents/carers/guardians :..... Date ;/...../.....

..... Date ;/...../.....

Please return this form with RECENT PHOTOGRAPH (new boarders only) and FORM B1 to :

The Kooralbyn International School (TKIS)
Ogilvie Place, Kooralbyn QLD 4285
Phone : +61 7 5544 5500 Fax : +61 7 5544 6108
Email : admissions@tkis.qld.edu.au