



## Nomad Guide School – Student Dietary Information Form

**Address:** P.O. Box 20072, Maun, Botswana

**Tel:** +267 6860062 / +267 73942404

**Email:** info@nomadguideschool.com

### Student Information

Full Name	
Course Name / Code	
Course Dates	
Contact Number	
Email Address	

### Dietary Preferences

Category	Yes/No	Details / Comments
Vegetarian		
Vegan		
Pescatarian		
Halal		
Kosher		
Other (please specify)		

### Food Allergies / Intolerances

Food Type	Yes/No	Details / Reaction Type
Dairy / Lactose		
Eggs		
Gluten / Wheat		
Nuts		
Shellfish / Fish		
Soy		
Other (please specify)		

## **Additional Notes**

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## **Student Declaration**

I confirm that the above information is accurate and complete to the best of my knowledge.

I understand that failure to disclose allergies or dietary restrictions may affect meal provision during the course.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_