

Montmorency South Primary

Together We Learn, Lead and Achieve



Dietary Preference Form

In order for us to assist your child in managing their dietary lifestyle, we request that you provide us with the necessary information to be able to support them. This information will be shared with staff members where necessary in relation to our kitchen garden classes, class parties, and other school events. Please note this preference will remain valid until we are notified otherwise in writing.

Student Name: _____ Date of Birth: _____

Dietary Lifestyle:

Vegetarian

Vegan

Kosher

Halal

Diabetic

Other _____

Other information:

Our school offers programs and activities to suit a variety of dietary requirements. While we take steps to minimize the risk of cross-contamination and service of food that is not to your preference - we cannot guarantee that all food products served in the vicinity of your child are in line with your dietary preference.

Parent / Guardian Name: _____

Parent / Guardian Signature: _____

Date: _____