

Supplemental Questionnaire

Does the student have any **special dietary needs or restrictions**?

- None
- Vegetarian
- Vegan
- Paleo
- Gluten free / coeliac
- Allergic or intolerant to any foods (ex. dairy, nuts, fish / shellfish) _____
- Other: _____

If answered “Yes” to any of the above, please describe:

Allergies: Does the student currently have, or has ever experienced any allergies (ex. medicines, pollens / seasonal, insects / animals, materials (latex etc.)):

- No
- Yes (if yes, please describe the allergy, reaction, and any treatment received (medication etc.):

Medicines: Please list all prescription and over the counter medicines and supplements (herbal / nutritional) the student is currently taking, or would plan to be taking during the enrollment period:

Do you require the assistance of any of the following?

- None
- Epi-pen
- Inhaler
- Insulin

General & Mental Health: Please indicate if the student has ever experienced any of the following:

- None
- Asthma
- Anemia
- Anxiety
- Become ill while exercising in the heat
- Chronic Illness
- Depression
- Dental issues
- Dermatological conditions
- Please list any other medical issues. If answered yes to any of the options above, please describe:
- Diabetes
- Eating disorder (anorexia / bulimia / binge eating etc.)
- Infectious disease
- Head injury or concussion
- Heart problems
- High blood pressure / cholesterol
- Other mental health issues: (schizophrenia, bipolar disorder, self-harm etc.)
- Seizure
- Stroke

Learning Support: Please indicate if the student has ever experienced any of the following:

- None
- Dyslexia
- Cognitive / processing delay or disability
- ADD / ADHD

If answered "Yes" to any of the above, please describe in detail the nature of the issue, treatment, and status. Please additionally describe any current or previous learning support issues not listed above:

Have you ever used, or do you currently use tobacco, alcohol, or drugs?

- No
- Yes (if yes, please describe): _____

Do you have any tattoos, or plan to get tattoos before studying at TKA?

- No
- Yes (if yes, please describe). Please note tattoos are required to be covered while on campus.

Have you ever been formally disciplined, suspended, expelled, administratively withdrawn, or not invited to re-enroll to a school?

- No
- Yes (if yes, please describe): _____

Signatures:

By signing below, we agree that all of the information shared above is accurate and complete to the best of our knowledge, and that submission by the parents or the student of incomplete information, withholding of information, or incorrect information to TKA may disqualify the student for admission or may later be a basis for the student's dismissal or involuntary withdrawal without relief for payment of any financial responsibilities owed.

Student Signature *Date*

Parent / Guardian Signature *Date*

Print Name

Print Name