APPROVAL REQUEST FORM FOR USE OF A SERVICE ANIMAL

Please turn in your request to the [Superintendent] OR [Director of Student Services] (Students) or the [Superintendent] OR [Director of Human Resources] (Employees)

Student/Employee Name:	Date:
Parent or authorized representative name(s) and contant and address):	act information (please include email, phone number,
Building:	
Type of service animal:	
Name of service animal:	Name of handler:
Is the service animal required because of a disability	:
Checklist for Completion of Form	
Attached is documentation that the service animal is	:
Properly licensed	
Properly and currently vaccinated	
I have read and understand the School District's poterms of the policy.	olicy regarding service animals and will abide by the
control the animal's behavior; is not housebroken interferes in the functions of the School District; of health or safety of others, has a history of such beh	or the animal's handler does not effectively or the animal's presence or behavior fundamentally or behaves in a way that poses a direct threat to the avior, or otherwise poses a direct threat to the health reasonable modifications, the School District has the com its property.
injuries to individuals caused by my service animal School District, its school board members, adminis	School District property, personal property, and any I agree to indemnify, defend, and hold harmless the trators, employees, and agents, from and against any ands brought by any party arising on account of, or in y my service animal.
Superintendent/Administrator Signature:	Date:
Parent/Guardian Signature:	Date:
Employee Signature:	Date:

535-6F

the start of each subsequent school year or whenever a different service animal will be used.

This Registration/Agreement is valid until the end of the current school year. It must be renewed prior to

Note: