APPROVAL REQUEST FORM FOR USE OF A SERVICE ANIMAL

Please turn in your request to the School Principal

Student/Employee Name:	Date:
Parent or authorized representative name(s) and contact information (please include email, phone number, and address):	
Building:	
Type of service animal:	
Name of service animal:	Name of handler:
Is the service animal required because of a dis	ability:
What work or tasks is the service animal traine	ed to perform:
Checklist for Completion of Form	
Attached is documentation that the service ani	mal is:
Properly and currently vaccinated	I
I have read and understand the School District terms of the policy.	s's policy regarding service animals and will abide by the
control the animal's behavior; is not housebro interferes in the functions of the School District health or safety of others, has a history of such	f control and/or the animal's handler does not effectively ken or the animal's presence or behavior fundamentally it; or behaves in a way that poses a direct threat to the behavior, or otherwise poses a direct threat to the health by reasonable modifications, the School District has the mal from its property.
injuries to individuals caused by my service a the School District, its school board members, a	te to School District property, personal property, and any nimal. I agree to indemnify, defend, and hold harmless administrators, employees, and agents, from and against and demands brought by any party arising on account of, e caused by my service animal.
Superintendent/Administrator Signature:	Date:
	Date:
Limployee Signature.	Date:
Note: This Desistantian / Assessment is valid up	til the and of the current school year. It must be renewed

Note: This Registration/Agreement is valid until the end of the current school year. It must be renewed prior to the start of each subsequent school year or whenever a different service animal will be used.