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 coand address):	ontact 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 disabil	ity:
What work or tasks is the service animal trained to	o perform:
Checklist for Completion of Form	
Attached is documentation that the service animal	<u>lis</u> :
Properly licensed	
Properly and currently vaccinated	
I have read and understand the School District's terms of the policy.	policy regarding service animals and will abide by the
control the animal's behavior; is not housebroke interferes in the functions of the School District; or or safety of others, has a history of such behavior,	control and/or the animal's handler does not effectively en or the animal's presence or behavior fundamentally or behaves in a way that poses a direct threat to the health or otherwise poses a direct threat to the health and safety e modifications, the School District has the discretion to operty.
injuries to individuals caused by my service anim School District, its school board members, adminis	to School District property, personal property, and any nal. I agree to indemnify, defend, and hold harmless the strators, employees, and agents, from and against any and brought by any party arising on account of, or in by my service animal.
Superintendent/Administrator Signature:	Date:
Parent/Guardian Signature:	Date:
Employee Signature:	_ Date:

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.