APPROVAL REQUEST FORM FOR USE OF A SERVICE ANIMAL

Please turn in your request to the Asst. Director of Special Education

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 disability:	
What work or tasks is the service animal trained to pe	rform:
Checklist for Completion of Form	
Attached is documentation that the service animal is:	
<pre>Properly licensed Properly and currently vaccinated</pre>	
I have read and understand the School District's policiterms of the policy.	y regarding service animals and will abide by the
I understand that if my service animal: is out of effectively control the animal's behavior; is not how fundamentally interferes in the functions of the Sch direct threat to the health or safety of others, has a direct threat to the health and safety of others that can the School District has the discretion to exclude or ren	usebroken or the animal's presence or behavior nool District; or behaves in a way that poses a not history of such behavior, or otherwise poses a nannot be eliminated by reasonable modifications,
I agree to be responsible for any and all damage to any injuries to individuals caused by my service a harmless the School District, its school board member and against any and all claims, actions, suits, judgment on account of, or in connection with, any activity of or	nimal. I agree to indemnify, defend, and hold ers, administrators, employees, and agents, from ents, and demands brought by any party arising
Superintendent/Administrator Signature:	
Parent/Guardian Signature: Employee Signature:	
Note: This Registration/Agreement is valid until the	ne end of the current school year. It must be

animal will be used.

renewed prior to the start of each subsequent school year or whenever a different service