Policy 535 Form: APPROVAL REQUEST FORM FOR USE OF A SERVICE ANIMAL

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

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 perform: ______________________

____________________________________________________________________________________

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 policy regarding service animals and will abide by the terms of the policy.

I understand that if my service animal: is out of control and/or the animal’s handler does not effectively control the animal’s behavior; is not housebroken or the animal’s presence or behavior fundamentally interferes in the functions of the School District; or behaves in a way that poses a direct threat to the health or safety of others, has a history of such behavior, or otherwise poses a direct threat to the health and safety of others that cannot be eliminated by reasonable modifications, the School District has the discretion to exclude or remove my service animal from its property.

I agree to be responsible for any and all damage to School District property, personal property, and any injuries to individuals caused by my service animal. I agree to indemnify, defend, and hold harmless the School District, its school board members, administrators, employees, and agents, from and against any and all claims, actions, suits, judgments, and demands brought by any party arising on account of, or in connection with, any activity of or damage caused 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.