APPROVAL REQUEST FORM FOR USE OF A SERVICE ANIMAL

Please turn in your request to the Superintendent

Student/Employee Name:	Date:
Parent or authorized representative name(s) and contanumber, and address):	The state of the s
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:	
<pre>Properly licensed Properly and currently vaccinated</pre>	
I have read and understand the School District's policy terms of the policy.	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 hou 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 rem	sebroken or the animal's presence or behavior nool District; or behaves in a way that poses a history of such behavior, or otherwise poses a annot 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 membe and against any and all claims, actions, suits, judgme on account of, or in connection with, any activity of or	nimal. I agree to indemnify, defend, and hold rs, administrators, employees, and agents, from ents, and demands brought by any party arising
Superintendent/Administrator Signature:	Date:
Parent/Guardian Signature:	
Employee Signature:	Date:
Note: This Registration/Agreement is valid until th	ne end of the current school year. It must be