APPROVAL REQUEST FORM FOR USE OF A SERVICE ANIMAL

FORM 535

For Students – Please turn in your request to the Director of Special Education
For Employees – Please turn in your request to the Director of Human Resources

Student/Employee Name: ___________________________ Date: ________________
If student, parent or authorized representative name(s): __________________________
Address: ________________________________________________________________
Phone/email: ________________________________ 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.