PARENT REQUEST FOR SERVICE ANIMAL

Student Name ____________________________________  School _________________________

Parent’s Name _____________________________________

Parent, please answer the following questions as per Mansfield ISD Board Policy FBA (LEGAL).
1. Is the service animal required because of a disability?

2. What work or task(s) has the animal been trained to perform?

I, __________________________, release my child’s treating physician to share with MISD information relating to my child’s need to have a service animal at school. My signature below indicates that I have read and understand the definition of a service animal according to Mansfield ISD Board Policy FBA (LEGAL), ADA 28 CFR 35.104.

____________________________________  ________________________
Parent signature                                        Date

I. TREATING PHYSICIAN
Please state what work or task(s) the service animal performs for this student.

____________________________________  ________________________
Print Name Treating Physician                         Date

____________________________________  ________________________
Signature Treating Physician                          Contact Email

____________________________________
Phone Number

II. Parents, please attach any written documentation from the trainer, training school, and/or veterinarian you wish for the school to have as information in consideration of your request.

According to the MISD student handbook and FBA (LEGAL): the parent of a student who uses a service/assistance animal because of the student’s disability must submit a request in writing to the principal at least 10 district business days before bringing the service/assistance animal on campus.