

Request for Service Animal to Accompany Student on Campus and in District Facilities

The District will try to accommodate a request for a service animal to accompany a student on campus as soon as possible but will do so within 15 District business days. This completed form must be returned to the campus principal.

(Please print.)

Student's name: _____

Date: _____

Address: _____

Current grade level: _____

Campus: _____

Parent or guardian's name: _____

Phone number: _____

Student is requesting the use of a:

(Check one.)

- Dog
- Miniature horse

Is the service animal required because of a disability?

- No
- Yes

What work or tasks has the animal been trained to perform?

Does the student require an adult handler to accompany the student to handle the animal?

- No
- Yes

If yes, parent or guardian must complete and submit the Request for Adult Handler to Accompany Student and Service Animal on Campus and in District Facilities form. [See Exhibit B]

Acknowledgment

I have read and understand the District's requirements for the presence of a service animal on campus or in any District facility. [See FBA(REGULATION)]

I understand that to ensure the safety and protection of students and staff, the administration may remove the service animal from the campus or District facility if the animal:

1. Is not housebroken;
2. Displays signs of being out of control and the animal's handler does not gain control; or
3. Is a direct threat to the health or safety of others. [See FB(LEGAL), Direct Threat]

I understand that the District is not responsible for the care or supervision of the animal.

I understand that I am liable for any harm, injury, or damage caused by the animal to other students, District employees, visitors, and/or property.

Parent or Guardian's signature: _____

Date: _____

For Office Use Only

Request:

- Approved
- Denied

Documentation attached that the service animal is:

- _____ Properly and currently vaccinated as described at [FBA(Regulation)] (REQUIRED)
- _____ Properly trained and licensed, if applicable (NOT REQUIRED)
- _____ Current certifications of training, if applicable (NOT REQUIRED)
- _____ Letter from physician is attached, if applicable (NOT REQUIRED)

Principal's signature: _____

Date: _____