## 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 contact in and address):	
Building:	
Type of service animal:	
Name of service animal: N	Name of handler:
Is the service animal required because of a disability:	
What work or tasks is the service animal trained to perform	n:
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 r terms of the policy.	egarding service animals and will abide by the
I understand that if my service animal: is out of control a control the animal's behavior; is not housebroken or the interferes in the functions of the School District; or beh health or safety of others, has a history of such behavior, and safety of others that cannot be eliminated by reason discretion to exclude or remove my service animal from its	e animal's presence or behavior fundamentally aves in a way that poses a direct threat to the or otherwise poses a direct threat to the health able modifications, the School District has the
I agree to be responsible for any and all damage to School injuries to individuals caused by my service animal. I agr School District, its school board members, administrators and all claims, actions, suits, judgments, and demands br connection with, any activity of or damage caused by my statements.	ee to indemnify, defend, and hold harmless the s, employees, and agents, from and against any ought by any party arising on account of, or in
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.