

IOWA CITY COMMUNITY SCHOOL DISTRICT APPLICATION FOR USE OF A SERVICE ANIMAL

School Year Requested:	
Name of Service Animal User:	
Building(s) animal will be in:	

Service Animal User is a: Students ONLY - Parent/Guardian Name:

- Employee
- Student

Is the service animal required because of a disability of the user identified above?	
<ul style="list-style-type: none"> • Yes • No 	
What work and/or task(s) has the service animal been trained to perform for the user identified above?	
Type of Service Animal:	<ul style="list-style-type: none"> • Dog • Miniature Horse
Name of Service Animal:	
Name of Handler (if different than user):	

I have read and understand the policy regarding Service Animals in the Iowa City Community School District

- I agree to abide by the terms of the policy.
- I understand that communication will be sent out notifying others of the presence of my Service Animal on school grounds.
- I have attached proof of vaccination(s) to this form.

Parent/Guardian or Staff Member Signature Date

SEND COMPLETED FORM TO HUMAN RESOURCES FOR REVIEW:
 ICCSD Educational Services Center @ CFI
 2255 North Dubuque Rd, Iowa City, IA 52245

Application Status:	Date Application Received: _____
<ul style="list-style-type: none"> • Approve • Denied 	Date Notification of Status Sent to Applicant: _____
Signed: _____	Date: _____

