

IOWA CITY COMMUNITY SCHOOL DISTRICT APPLICATION FOR USE OF AN EMOTIONAL SUPPORT ANIMAL

School Year Requested:	
Name of Animal Owner/Handler:	
Building(s) animal will be in:	

Animal Owner/Handler is a: Students ONLY - Parent/Guardian Name:

- Employee
- Student

Breed of Emotional Support Animal/Dog:	
Name of Emotional Support Animal:	
Name of physician or mental health professional that supports this request for the use of an Emotional Support Animal in the school setting	

I have read and understand the policy regarding Emotional Support 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 Emotional Support Animal on school grounds.
- I have attached proof of vaccination(s) to this form.
- I have attached written documentation from a qualified physician or mental health professional that this request is based in support for a disability-related need to this form.

Parent/Guardian or Staff Member Signature Date

SEND COMPLETED FORM TO HUMAN RESOURCES FOR REVIEW:

ICCSA Educational Services Center @ CFI
2255 North Dubuque Rd, Iowa City, IA 52245

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

