

EQUAL EDUCATIONAL OPPORTUNITY
SERVICE ANIMALS

FBA
EXHIBIT A

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REQUEST FOR SERVICE/ASSISTANCE ANIMAL OR MINIATURE HORSE
TO ACCOMPANY STUDENT ON CAMPUS AND IN DISTRICT FACILITIES

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

Student's name: _____ Date: _____

Current grade level: _____

Campus: _____

Home address: _____

City, State, and Zip code: _____

Parent's name (*print*): _____

Phone number: _____

Student is requesting the use of a:
(*Check one.*)

- ☐ Service/assistance animal (dog)
☐ Miniature horse

Has the animal received vaccinations that are current, as described at FBA(REGULATION)?

- ☐ Yes (Attach a copy of current vaccination record.)
☐ No

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

- ☐ Yes
☐ No

If yes, then the parent must also complete and submit the Request for Adult Handler to Accompany Student and Service/Assistance Animal or Miniature Horse on Campus and in District Facilities form. [See Exhibit B, below]

Acknowledgment

I have read and understand the District's requirements for the presence of a service/assistance dog or miniature horse 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/assistance dog or miniature horse from the campus or District facility if the animal:

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1. Is not housebroken;
2. Displays signs of being out of control and the animal's handler does not take effective action to control it; 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's signature: _____

Date: _____

For Office Use Only

Current vaccination record:

- ☐ Yes
☐ No

Request:

- ☐ Approved
☐ Denied

Principal's signature: _____

Date: _____