

Appendix A
Request to be Accompanied by Service Animal / Miniature Horse
(Annual Request Required)

Date: _____

Student Name: _____

Employee Name: _____

Owner/Handler: _____

Location: _____

Is the service animal/miniature horse required by a disability? ☐ Yes ☐ No

What work or task(s) has the service animal/miniature horse been trained to perform?

Describe: _____

Type of Animal: ☐ Dog ☐ Miniature Horse

Name of Animal: _____

Approved by: _____

Signature

Title

Students should submit this Request to their building principal/administrator, and employees should submit this Request to the district's Human Resources Office. Completed Request forms should be maintained in the student's cumulative file or the employee's personnel file, whichever is applicable.

Appendix B

Service Animal / Miniature Horse Agreement

Student Name (if applicable)

Staff Member Name (if applicable)

Owner/Handler Name

Parent Name (if different from Owner/Handler)

Type of Animal: ☐ Dog ☐ Miniature Horse

Request form is attached: ☐ Yes ☐ No

Proof of current rabies vaccination is attached: ☐ Yes ☐ No

Agreement:

1. I have read and understand the District's Service Animal policy and regulation, and I will abide by their provisions.

2. I understand and agree that the District may exclude my Service Animal/miniature horse if: (a) the animal is out of control and the animal's handler does not take effective action to control it; (b) the animal is not housebroken; (c) the animal poses a direct threat to the health or safety of others; (d) no proof of current rabies vaccine has been provided to the District; or (e) for any other reason permitted by law.

3. I understand and agree that I am responsible for any and all damage caused by my Service Animal/miniature horse to District property or to the property of others and for any and all injuries caused by my Service Animal/miniature horse to any person. I also agree to indemnify, defend and hold harmless the District from and against any and all claims, actions, suits, judgments and demands brought by any party arising on account of, or in connection with, any activity of or damage or injury caused by my Service Animal/miniature horse.

(Signature page to follow)

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STUDENT
(if applicable)

Signature

Date: _____

STAFF MEMBER
(if applicable)

Signature

Date: _____

OWNER/HANDLER

Signature

Date: _____

ACADEMY SCHOOL DISTRICT 20

Signature

Date: _____

PARENT
(if applicable and different from Owner/Handler)

Signature

Date: _____

Note: *This 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.*

A completed copy of this Agreement should be maintained in the student's cumulative file or the staff member's personnel file, whichever is applicable.

Revised: July 1, 2026