## APPROVAL REQUEST FORM FOR USE OF A SERVICE ANIMAL

Please turn in your request to the [Superintendent] OR [Director of Student Services] (Students) or the [Superintendent] OR [Director of Human Resources] (Employees)

Student	z/Employee Name:		Date:	
	or authorized representative name(s) are, and address):			one
Building	J:			
Type of	service animal:			
Name o	f service animal:	Name of ha	ındler:	
Is the s	ervice animal required because of a di	sability:		
What w	ork or tasks is the service animal train	ed to perform:		
Checkl	ist for Completion of Form			
<u>Attache</u>	d is documentation that the service ar	imal is:		
	Properly and currently vaccinate	d		
	read and understand the School Distriction for the policy.	t's policy regarding s	service animals and will abide	by the
control interfer health c and saf	stand that if my service animal: is out the animal's behavior; is not housebre es in the functions of the School Distror or safety of others, has a history of such ety of others that cannot be eliminated on to exclude or remove my service ar	oken or the animal's ict; or behaves in a van behavior, or otherwall by reasonable mod	presence or behavior fundam way that poses a direct threa ise poses a direct threat to the ifications, the School District	nentally It to the e health
injuries the Sch any and	to be responsible for any and all dama to individuals caused by my service a ool District, its school board members, d all claims, actions, suits, judgments, nnection with, any activity of or dama	animal. I agree to in administrators, emp and demands brough	demnify, defend, and hold hall loyees, and agents, from and it by any party arising on acco	armless against
Superin	tendent/Administrator Signature:		Date:	
	Guardian Signature:			
Employ	ee Signature:		Date:	
Note:	This Registration/Agreement is valid u prior to the start of each subsequent:			

used.