ISD 318 Policy 535 Service Animals in School

APPROVAL REQUEST FORM FOR USE OF A SERVICE ANIMAL

Please turn in your request to the building Principal.

Student/Employee Name:	Date:
Parent or authorized representative name(s) and contact information (please include email, phone number and address):	
Building:	
Type of service animal:	
Name of service animal:	Name of handler:
Is the service animal required because of a disability:	
What work or tasks is the service animal trained to per	rform:
Checklist for Completion of Form	
Attached is documentation that the service animal is:	
Properly licensed	
Properly and currently vaccinated	
I have read and understand the School District's politerms of the policy.	cy regarding service animals and will abide by the
I understand that if my service animal: is out of control the animal's behavior; is not housebroken or interferes in the functions of the School District; or health or safety of others, has a history of such behave and safety of others that cannot be eliminated by rediscretion to exclude or remove my service animal from	r the animal's presence or behavior fundamentally behaves in a way that poses a direct threat to the vior, or otherwise poses a direct threat to the health asonable modifications, the School District has the
I agree to be responsible for any and all damage to Sinjuries to individuals caused by my service animal. School District, its school board members, administrated and all claims, actions, suits, judgments, and demand connection with, any activity of or damage caused by	I agree to indemnify, defend, and hold harmless the ators, employees, and agents, from and against any is brought by any party arising on account of, or in
Superintendent/Administrator Signature:	Date:
Parent/Guardian Signature:	Date:
Employee Signature:	Date:

Note: This Registration/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.