



Student: _____ Date of Request: _____

Parent/Guardian: _____ Receiving School: _____

Address: _____ Principal: _____

Phone: _____

Identify and describe the need for the service animal as it relates to the employee or the student's disability and describe the manner in which the service animal will meet the individual's particular need(s). If more space is required, please add additional pages.

Type of Service Animal: Dog Other

Name of Animal: _____

- Letter from physician is attached
- Service Animal Documentation: Animal is properly trained
- Animal Licensed
- Vaccinations Record
- Institute Where the Animal was Trained / Name of handler:
- Liability Insurance

Request submitted by Principal to the Superintendent of Student Services in preparation for Board approval.