

**REQUEST FOR APPROVAL FOR THE USE OF A SERVICE ANIMAL**

Date of Request: _____ School: _____

Principal: _____

Employee or
Animal Owner: _____ Student Name: _____

Parent/Guardian (if student): _____

Address: _____ Phone: _____

Type of Service Animal: ☐ Dog ☐ Other _____

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.

Name of Animal: _____

- a. Letter from physician is attached
c. Animal is licensed
e. Institute Where the Animal was Trained / Name of handler: _____
- b. Service animal documentation: animal is properly trained
d. Vaccinations record is attached

I have read and understand the St. James-Assiniboia Service Dog Policy EAA Use of a Certified Service Animal in a school and Regulation EAA-R Guidelines for Use of a Certified Service Animal in a school.

Signature - Parent/Guardian/Owner_____
Date_____
Signature - School Principal_____
Date_____
Signature - Administrator, Educational Support Services_____
Date_____
Approval – Signature - Superintendent_____
Date

Revised November 24, 2015 Motion 20-05-15; June 24, 2014 Motion 12-05-14; February 25, 2014 Motion 04-02-14

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