

AP 423.1 - Parent/Guardian Request for Approval for the use of a Service Animal

Student Surname: _____ Student Given Names: _____

Name of School: _____ Grade: _____

Parent/Guardian Name: _____ Day Phone Number: _____

Name of Physician: _____ Insurance Company/Coverage: _____

Identify and describe the need for the service animal as it relates to 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.

Length of time the student and Service Animal have worked together: _____

I/We acknowledge and understand that it is our responsibility to:

1. Provide the principal with all required documentation, reports, certificates, including:

- A letter from a physician confirming that the student's need for the use of a Service Animal in school is essential and directly related to the learning needs of the student.
- Provide up-to-date proof of vaccinations, licensing, insurance and liability coverage.
- Provide documentation of Service Animal training and proof of certification by Assistance Dogs International.

2. Assume financial responsibility for the Service Animal's training, veterinary care, city/town/country license and other related costs.

3. Participate in a school case conference meeting to inform the principal of all relevant information that may affect our child, other students, staff, and/or visitors to the school.

4. Assist the principal to communicate relevant information to the school community.

5. Work cooperatively with the school staff to make this accommodation a success.

6. Organize or cooperate with the Division to arrange appropriate transportation.

7. Provide the required equipment and animal care items.

8. Provide food, water and "bio-breaks" to the Service Animal as required and remove and dispose of animal waste in a safe and environmentally friendly manner.

9. Remove the animal immediately from the school, should the Service Animal exhibit any unprovoked behaviours (ie. growling, scratching, nipping, biting, etc.) until the plan is re-evaluated to ensure the safety of staff, students, and visitors.

I/we acknowledge having read a copy of the North East School Division Administrative Procedure (423) - Service Animals in Schools.

Name of Parent/Guardian

Signature of Parent/Guardian

Date