APPROVAL REQUEST FORM FOR USE OF A SERVICE ANIMAL

Please turn in your request to the Superintendent at 225 Third Ave, Wanamingo, MN 55983.

Student/Employee Name:	Date:
Parent or authorized representative name(s) and contact information 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 perform:	
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 policy regarding terms of the policy.	g service animals and will abide by the
I understand that if my service animal: is out of control and/or the control the animal's behavior; is not housebroken or the animal interferes in the functions of the School District; or behaves in a wor safety of others, has a history of such behavior, or otherwise post of others that cannot be eliminated by reasonable modifications, exclude or remove my service animal from its property.	l's presence or behavior fundamentally ay that poses a direct threat to the health ses a direct threat to the health and safety
I agree to be responsible for any and all damage to School Distrinjuries to individuals caused by my service animal. I agree to in School District, its school board members, administrators, employed all claims, actions, suits, judgments, and demands brought by connection with, any activity of or damage caused by my service and the school board members.	demnify, defend, and hold harmless the ees, and agents, from and against any and 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.