



## AP 2-802 – REQUEST FOR A SERVICE ANIMAL IN THE SCHOOL

*This information is being collected pursuant to the provisions of the Freedom of Information and Protection of Privacy Act and the Personal Health Information Act. Questions about this collection should be directed to the Student Service Administrator of Western School Division.*

- Reason(s) for the request – identify the need for the service animal as it relates to the employee or student’s disability and describe the manner in which the service animal will meet the individual’s particular need(s). If more space is needed, please add additional pages.

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- Name and type of animal: \_\_\_\_\_

- I/We understand that it is our responsibility to:

- Provide the Principal with all required documentation, reports, and certificates;
- Transport or walk the service animal to and from school or request school bus transportation (if eligible);
- Assume financial responsibility for the service animal’s training, veterinary care, municipal license and other related costs;
- Participate in a school meeting to inform the Principal of all relevant information that may affect our child, other students, staff, and/or visitors to the school;
- Assist the Principal to communicate relevant information to the school community;
- Work co-operatively with the school staff to make this accommodation a success; and
- Provide the required food, equipment and service animal care items.

- I/We understand that if the service animal exhibits any behaviours (i.e. growling, scratching, nipping, biting, etc.) or health issues (vomiting, diarrhea, open wounds, fleas, tics, etc.) at school it will be removed until the plan is re-evaluated to ensure the safety of staff, students and visitors.

- Student Information:

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Phone Numbers: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Teacher: \_\_\_\_\_

Grade: \_\_\_\_\_

- If approved, I/we give permission for relevant information to be shared with the school community and agree to the delivery of letters to the community.



7. I/We understand that the Principal shall preserve the confidentiality of all information received from me/us, and shall not use or disclose the information except as provided for in The Public Schools Act, The Freedom of Information and Protection of Privacy Act or the Personal Health Information Act or as otherwise required by law. I/we consent to the use and disclosure of the information by the Principal to such other school division personnel as may be required for the performance of their duties.
8. I/We acknowledge having received and read a copy of **Appendix A: Information for Parents/Guardians Requesting a Certified Service Animal in the School.**

**Attachments:**

- Letter from physician
- Service Animal Training Documentation (Training Organization/Handler)
- Animal license
- Vaccination documents
- Confirmation of good health

Signature of Parents/Guardians: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only:**

Request for Certified Service Animal: Approved \_\_\_\_\_ Denied \_\_\_\_\_

Signature of Principal: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Student Services Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_