

**Request for Service Dog Involvement with a Student
(To be completed by Parent/Guardian)**

Student Name: _____ D.O.B: _____

PLEASE PRINT

M D Y

Address:

Parent/Guardian Name:

PLEASE PRINT

Home Telephone #:

_____ Cell #: _____

Emergency Contact(s):

PLEASE PRINT

Home Telephone #:

_____ Cell #: _____

School:

School Year:

Grade/Level: _____

Room/Class: _____

Teacher: _____

We request that the above-named student be allowed to use a Service Dog at school and during school-related activities.

The Service Dog will assist the student by providing:

Length of time the student and dog have worked together: _____

Duration of the requested intervention: _____

Please provide additional information that will assist the Principal and school staff in assessing this request (e.g. safety, behaviour, temperament of the dog, any issues you are aware of):

I/we understand that it is our responsibility to:

- ✓ Transport or walk the dog to and from school;
- ✓ Provide the required equipment and dog care items;
- ✓ Assume financial responsibility for the dog's training, veterinary care and other related costs;
- ✓ Work cooperatively with the school staff to make this accommodation a success;
- ✓ Assist the Principal to communicate information to the school community;
- ✓ Provide the Principal with required documentation in a timely fashion;
- ✓ Inform the Principal of all relevant information that may affect our child, other students and/or staff.

I/we give permission for information to be shared with the school community regarding our use of a Service Dog.

Signature of Parent/Guardian

Date: _____
M D Y

Note: **The original copy of the form is to be maintained in the student's Cumulative File.**