

ALEXANDRIA PUBLIC SCHOOLS
Request Approval Form for Use of a Service Animal

Date: _____

Student Name: _____

Staff Name: _____

Parent Name (if applicable): _____

Building: _____

Identify and describe the need for the service animal as it relates to the staff or the student's disability and describe the manner in which the service animal will meet the individual's particular need(s).

Type of Service Animal:

- Dog
- Other: _____
- Letter from physician is attached

Name of Animal: _____

Documentation attached that the Service Animal is:

- Properly trained and, if applicable, licensed
- Properly and currently vaccinated
- Under the control of a properly trained handler. Name of the handler: _____
- Covered by adequate liability insurance

Submit request to Superintendent
Annual Application Required