

Information	
Student Name:	Date of Birth (YYMMDD):
Address:	
Parent Name(s):	Phone No:
School:	Grade:
Physician:	Insurance Co.
Provide reasons for a certified service dog (or attach):	
How long has the student and certified service dog worked together?	
Will the student and certified service dog require transportation on a school bus: Yes ___ No ___	
Parent Acknowledgement Statements (✓)	
I/We understand that it is our responsibility to:	
	Provide the Principal with all required documentation, reports, certificates, including: <ul style="list-style-type: none"> - Physician letter confirming need for a certified service dog - Copy of the Certified Service Dog Team Identification Card – proof that the dog is trained, can be expected to act appropriately around staff, students and/or members of the public - Up to date proof of vaccinations and municipal licensing - Proof of adequate liability insurance – minimum \$2,000,000 general liability that provides coverage in the event the dog causes property damage or bodily injury to someone, etc.
	Assume financial responsibility for the Certified Service Dog training, vet care, licensing, and responsibility for any liability, claims or costs arising from bringing the animal to school, etc.
	Participate in school case conference(s) 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 cooperatively with school staff to make this accommodation a success.
	Organize or cooperate with the Division to arrange appropriate transportation if needed.
	Provide the required equipment and dog care items.
	Provide food, water and bio-breaks for the service dog as required, and remove and dispose of animal waste.
	Remove the service dog immediately from the school if the service dog exhibits any unprovoked behaviors (i.e. growling, scratching, biting, nipping, etc.) until the plan is re-evaluated.

I/We have read Administrative Procedure 50-30 Service Animals, Education Assistance Animals, and Classroom Pets, and agree to it and the above conditions. Further, I/we give permission for information concerning the Certified Service Dog to be shared with the school community:

Name of Parent(s):

Signature(s):

Date:

For Office Use Only:

Principal:

I have reviewed the above request in consideration of AP 50-30 Service Animals, Education Assistance Animals, and Classroom Pets, and having verified that all necessary conditions have been met, recommend that the service dog described above be approved:

Comments:

Print Name: _____

Signature: _____

Date: _____

Assistant Superintendent:

Request for Certified Service Dog: Approved ___ Denied ___

Comments:

Print Name: _____

Signature: _____

Date: _____

This personal information is collected under Alberta's Freedom of Information and Protection of Privacy Act and will be used only as required.