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*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 relevs5elProvide the required food, equipment and service ani

- 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.

