

**Notification
Service Animal Request**

(Date)

Dear Parent or Guardian,

This notification is to inform you that a request has been made for an animal to be brought to your child’s classroom for an instructional purpose to support a student/employee. This notification is to determine if your child has an allergy, asthma, or other health condition that may be aggravated by the animal that constitutes disabilities within the meaning of Section 504 of the Rehabilitation Act, the IDEA and/or the Americans With Disabilities Act. This request follows Board Policy 0411.

The following service animal is being requested for instructional purposes:

Please complete the information below and return this letter and attached documentation, if appropriate by _____.
(Date)

Please contact the site principal or the District Office should you have any questions or concerns (247-2109).

Check one:

- My child does not have an allergy, asthma, or other health condition that may be aggravated by the animal
- My child does have an allergy, asthma, or other health condition that may be aggravated by the animal that constitutes disabilities within the meaning of section 504 of the Rehabilitation Act, the IDEA and/or the Americans With Disabilities Act. (Please attach a medical doctor’s verification.)

Parent/Guardian Signature

Date