



**REQUEST FOR AN EDUCATIONAL ASSISTANCE
ANIMAL (Form 21€-2)**

Name of Student: _____ D.O.B. _____

Address: _____

School: _____

Name(s) of Parent(s)/Guardian(s): _____

Telephone Number: _____

1. Outline the reasons for the educational assistance animal request:

a. Benefits of the educational assistance animal working with the student(s):

b. Description of the educational assistance animal's activities:

c. Duration of the support:

2. Length of time the student and educational assistance animal have worked together, if applicable:

3. I/We understand it is our responsibility to:
- D Provide the principal with all required documentation, reports and certificates in a timely manner including:
 - L documentation the educational assistance animal is a certified therapy animal;
 - LL up-to-date proof of vaccinations and insurance; and
 - LLL work with the school administrator to train school staff, bus driver(s) and students;
 - E Assume financial responsibility for the educational assistance animal's training, veterinary care, city license and other related costs;
 - F Participate in a school case conference to inform the principal of all relevant information that may affect our child, other students, staff and visitors to the school;
 - G Assist the principal to communicate relevant information to the school community;
 - H Work co-operatively with the school staff to ensure the accommodation of the educational assistance animal is successful;
 - I Work with the Student Transportation department, if necessary, to ensure successful transportation of our child and the educational assistance animal to and from school every day;
 - J Provide the required equipment and animal care items;
 - K Provide food, water and bio-breaks to the educational assistance animal as required; and
 - L Remove and dispose of animal waste in a safe and environmentally friendly manner.

I/We understand if the educational assistance animal exhibits any unprovoked behaviours (such as growling, scratching, nipping, or biting) at school it will be removed until the plan is re-evaluated to ensure the safety of staff, students and visitors.

I/We give permission for this information to be shared with the school community and agree to the notification of students through letters or email.

6. I/We understand the principal shall preserve the confidentiality of all information received and shall not disclose the information except as provided for in the Freedom of Information and Protection of Privacy Act, the Education Act or as otherwise required by law. The principal shall use and disclose information with Division personnel as may be required for the performance of their duties including sharing information concerning the educational assistance animal with the school community.

I/We acknowledge having received and read [Administrative Procedure 280 - Animals in Schools](#) . We agree to the above conditions.

Parent(s)/guardian(s) signature: _____

Date: _____

For Office Use Only

Request for Certified Service Animals: Approved: _____ Denied: _____

Principal signature: _____

Date: _____