



EAA-E1

REQUEST FOR APPROVAL FOR SERVICE ANIMAL

Date of Request: _____

Student Name: _____

Receiving School: _____

Principal: _____

Parent/Guardian: _____

Address: _____

Phone: _____

Identify and describe the need for the service animal as it relates to the employee or the student's disability and describe the manner in which the service animal will meet the individual's particular need(s). If more space is required, please add additional pages.

Type of Service Animal: ☐ Dog ☐ Other

Name of Animal: _____

☐ Letter from physician is attached

Service Animal Documentation:

☐ Animal is properly trained

☐ Animal is licensed

☐ Vaccinations record is attached

☐ Institute where the animal was trained: _____

☐ Name of handler: _____

Request to be submitted to the school division, who will submit the request for approval to the Superintendent or designate.

The personal information contained on this form is collected and protected under the authority of the Public Schools Act, The Education Administration Act and the Freedom of Information and Protection of Privacy Act (FIPPA) and will be used and disclosed for the purpose of school administration. I understand that any other collection, use or disclosure of this personal information will not be permitted without my consent, unless authorized under FIPPA. If I have any questions or concerns about the collection of this information, I will contact the Access and Privacy Officer at the Sunrise School Division, Box 1206, Beausejour, MB, R0E 0C0, Phone: 204-268-6500.

Cross Reference:		
Date Adopted: August 1, 2017	Date Amended:	Board Motion(s):
Procedure: EAA	Guidelines:	Exhibit: EAA-E2