

Request for Service/Guide Dog Involvement with a Student

Student Name: _____

Date of Birth: _____

School: _____

Parent's/Guardian's Names: _____

Phone Number: _____

Address: _____

I/we are requesting that _____ service/guide dog be allowed to accompany him/her at school.
(Student's name)

Along with this completed form, please provide the following written information and documentation:

- Reason for the request
- Service the dog will provide for student
- Length of time the student has used any service/guide dog
- Length of time the student has used this service/guide dog
- Attached copy of professional diagnosis of disability the service/guide dog will help to ameliorate
- Attached copy of diagnosis of disability and recommendation for the service/guide dog from Member of College of Physicians and Surgeons or the College of Psychologists
- The dog's certificate of training from the registered organization
- Copy of the dog's yearly vaccination, city license and health condition

As parent/guardian, I/we accept any liability that may arise from the dog's behaviour.

Parent/Guardian Signature Date

Principal Signature Date

c.c.: Parent/Guardian
OSR