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| **DESERT/MOUNTAIN SPECIAL EDUCATION LOCAL PLAN AREA****DESERT/MOUNTAIN CHARTER SPECIAL EDUCATION LOCAL PLAN AREA**17800 HIGHWAY 18 • APPLE VALLEY, CA 92307(760) 552-6700 • (760) 242-5363 FAX**Request Use of Service Animal** |
| **STUDENT Information** |
| Student Name: |  | Date of Birth: |  | Grade: |  |
|  |
| School Site: |  | District of Attendance: |  |
|  |
| Street Address: |  | City: |  | Zip Code: |  |
|  |
| Home Phone: |  | Work Phone: |  |  Other Phone: |  |
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| Identify and describe the need for the service animal as it relates to the student’s disability: |  |
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| Describe the manner in which the service animal will meet the student’s particular need(s): |  |
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| **Service Animal Owner / Handler Information** |
| Service Animal Name: |  | Type of Service Animal: | [ ]  Dog [ ]  Other: |  |
|  |
| Owner Name: |  | Home Phone: |  | Work Phone: |  |
|  |
| Street Address: |  | City: |  | Zip Code: |  |
|  |
| Animal Handler Name: |  | Home Phone: |  | Work Phone: |  |
|  |
| Street Address: |  | City: |  | Zip Code: |  |
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| **DURATION OF SERVICE ANIMAL REGISTRATION:** The service animal registration is valid until the end of the current school year. It must be renewed prior to the beginning of each subsequent school year or whenever a different service animal will be used. For further questions regarding the district service animal policy, please contact the school district. |
| Date: |  | Requesting Individual’s Signature: |  |
|  |  |  |  |
| Date: |  | District Representative Signature: |  |