Clear Creek ISD

SERVICE ANIMALS

Request for Adult Handler to Accompany Student and Service Animal on Campus and in District Facilities

(Please print.)		
Student's name:		
Date:		
Address:		
Current grade level:		
Campus:		
Parent or Guardian's name:		
Phone number:		
(Complete the following portion only if the adult handler is someone other than the student's parent.)		
Name of non-employee adult:		
Address:		
Phone number:		
Adult handler's acknowledgment		
I understand that before I may accompany (student's name) on campus or in a facility to handle the animal, the District will pay to conduct a criminal history check on me.		
I understand that upon approval of this request, I will be required to comply with all campus visitor procedures.		
I understand that as the handler for's (student's name) animal, I play a central role in the integration of the animal into the school setting.		
I understand that I am to adhere to all applicable District policies and regulations.		
Adult handler's signature:		
Date:		

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FBA(EXHIBIT B)

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Parent/Guardian acknow	ledgment	
I understand that (adult handler's name) will not be permitted to accompany my child on any school campus or District facility prior to the completion of a criminal history check and final approval from the Superintendent.		
Parent's/guardian's signature:		
For Office Use Only		
Criminal history check com	ipleted?	
☐ Yes		
□ No		
Request is:		
☐ Approved		
☐ Denied		
Principal's signature:		
Assistant Superintendent's		
Nate:		

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