

Service Animal Information

Complete the following information when requesting the use of your service animal in Charlotte-Mecklenburg Schools.

For students: Return the completed form(s) to your child's school

For staff: Return the completed form(s) to your work place or CMS department.

Please allow ten (10) days to prepare prior to your service animal's arrival at the school or facility site.

If you need further assistance, contact the following department:

For students with or without a Section 504 Student Services Plan: 980-343-0001 For students with an IEP: 980-343-6960

For staff: Contact your supervisor

Date:					
Name of individual making the request:					
Phone number:					
Address:					
Service animal's name:					
Type/breed:					
Name of individual requiring the service					
animal:					
Grade level, if student:					
School site / department where the service animal will be used:					
Date service animal needed at school /					
department:					
Handler's name if not the student or					
employee with a disability:					
Complete the following questions.					
1. Describe below the "work" or "task" this animal performs that mitigates (improves) the individual's disability.					
2. If the handler is not a student or employee with a disability, has the handler completed and passed the required background checks?					
☐ Yes ☐ No					
If no, explain:					

3.	. Will this service animal need to accompany the student on the school bus?							
	☐ Yes			lo				
If yes	, explain:							
4.	Will this	service a	nimal accomp	oany the student	t on field trips?			
	□ Yes		□N	o				
If yes, e	xplain:							
5.	How do	es the ser	vice animal re	eact to sudden n	noises; such as a	fire drill or thun	der?	
Explain	:							
6.	Does the a. b. c. d. e. f.	Clean, w Does no Does no Does no Does no	ell-groomed, t urinate or de t solicit attent t vocalize unn t show aggres	does not have a efecate in inappi ion, visit, or ann ecessarily (bark, sion towards pe al food or other	in offensive odd ropriate locatio noy any membe , growl, or whin cople or other a	ns r of the public e) nimals		
If no, ex	kplain:							
7.	Tell us a animal:	ny additio	onal informati	on that will assi	st the school or	work place with	accommodating the service	
8.	If studer Services		he individual o	currently have a	n Individualized	Education Progr	am (IEP) or a Section 504 St	udent
			IEP Section 504	□Yes □Yes		□ No □ No		
9.	Please a	ttach the	following info	ormation and se	nd via email to	Harriett Ford @ h	narriett.ford@cms.k12.nc.us	5:
•	required It is stro choose is Education "The bo caused I liability is caused I If the ha	d vaccinat ingly reco not to cov on Policy: ard may h by the and for prope by the and	tions per NC a mmended that wer the service hold the owne imal to the sai rty damage. I imal or related	nd a statement of the service and a statement of the service and or the had me extent required addition, either to the presence	that the animal imal is covered lequate liability ndler of a service red by other boer the owner or se of the animal	is in good health by adequate liab insurance, please te animal or both ard policy or adm handler, or both on school proper	s report must contain a reco and free of disease. ility insurance. However, if a note the following CMS Bo liable for any property dam ninistrative rules that impos , may be liable for personal rty."	you pard of nage e injury

10. I have read and understand the above	information.	
Parent Signature:	Date:	