



**School District of Holmen
ANIMALS IN SCHOOL FORM**

Teacher's name: _____ **Date requested:** _____

Animal owner: _____

Type of animal: _____

Date/time/length of visit: _____

Location of animal: _____

Reason for visit: _____

- Teacher has verified that no child has animal related allergies.**
- Parents have been notified prior to visitation.**
- Teacher has read the Animals in School Policy and Guidelines –
File: ING, Section: I, Instructional Program**

Teacher Signature

Principal Signature

Date

Date