

Request for Activity/Program Accomodation

TO BE COMPLETED BY REQUESTING INDIVIDUAL

Print Full Name (first, middle initial, last)

Phone Number

Address

eMail Address

I am a student employee visitor

If you marked "student," does this request also apply to programs provided within the academic school day? Yes No

I request the following accommodation(s):

Effective communication Type requested: _____

Activity

Location

Date

Event ticket sales/accessible seating

Activity

Location

Date

Companion seating

Activity

Location

Date

Use of power driven mobility device

Activity

Location

Date

Use of service animal* Check one: Service dog Miniature horse

Activity

Location

Date

*For animals accompanying students during school and on school trips, proof of vaccination(s) is required per KRS 258.015

Signature

Date

Please attach other information explaining the reason for this request, and submit this form to the school/Central Office as soon as possible and at least ten (10) prior to the date of the activity.

FOR SCHOOL/DISTRICT USE

Date Received: _____

Date of Response: _____

Response: _____

District/school employee who contacted applicant: _____