



## City of Santa Clarita Inclusion Services Request Form

**santa-clarita.com**

Please Print

Date \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/Legal Guardian's Name (if applicable) \_\_\_\_\_

In which program/activity/event do you wish to participate? \_\_\_\_\_

\_\_\_\_\_ Location: \_\_\_\_\_

Date(s) \_\_\_\_\_ Activity Code (if applicable) \_\_\_\_\_

Disability: (Please check all that apply)

<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	Emotional/Behavioral
<input type="checkbox"/>	Autism	<input type="checkbox"/>	Head Injury
<input type="checkbox"/>	Cerebral Palsy	<input type="checkbox"/>	Hearing Impairment
<input type="checkbox"/>	Developmental Delays	<input type="checkbox"/>	Spina Bifida
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Spinal Cord Injury
<input type="checkbox"/>	Downs Syndrome	<input type="checkbox"/>	Vision Impairment

Other: \_\_\_\_\_

What type of accommodation are you requesting? \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Received: \_\_\_\_\_

Please deliver or email this form to  
Dr. Jan Tolan at the Activities Center, 20880 Center Pointe Pkwy,  
Santa Clarita, CA 91350 [jtolan@santa-clarita.com](mailto:jtolan@santa-clarita.com)