



**Board of Education**

Suzie R. Swartz, President · Dr. Edward Wong, Vice President ·  
Amanda Morrell, Clerk · Greg Kunath, Member · Barbara Schulman, Member

---

Crystal Turner, Ed.D  
**Superintendent**

Dear Parent or Guardian

At your request, we are writing to notify you about a specific pesticide application(s) at your school. Please see below for detailed information. If you would like to see the Material Safety Data Sheet for this chemical, it is available at your school site. If you have any questions, please contact your school Principal.

---

**Notice of Pesticide Application**

Date Form Completed: \_\_\_\_\_

School Name: \_\_\_\_\_

Location of Planned Pesticide Application: \_\_\_\_\_

Building Name/Number: \_\_\_\_\_

Playground or Grounds Section: \_\_\_\_\_

Name of Pesticide to be Applied: \_\_\_\_\_

Active Ingredient(s): \_\_\_\_\_

Planned Date/Time of Pesticide Application: \_\_\_\_\_

For more information regarding these pesticides and pesticide use reduction, visit the Department of Pesticide Regulation's Web site at (<http://www.cdpr.ca.gov>) and click School IPM program.