



Board of Education

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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.