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 Safety Data Sheet for this chemical, it is available at [SCHOOL LOCATION]

If you have any questions, please contact [SCHOOL DISTRICT REPRESENTATIVE NAME] at [PHONE].

Sincerely,
[NAME OF SCHOOL DISTRICT OFFICIAL]

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.
SAMPLE NOTICE FOR SPECIFIC PESTICIDE APPLICATION

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 Safety Data Sheet for this chemical, it is available at

[SCHOOL LOCATION]

If you have any questions, please contact

[SCHOOL DISTRICT REPRESENTATIVE NAME] at [PHONE].

Sincerely,

[NAME OF SCHOOL DISTRICT OFFICIAL]

____________________________________________________________

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.