

Sample Annual Notification Letter

****For Schools with an IPM Policy and using more than just exempt pesticides****

(Must go to all parents, guardians, and staff and can be sent with other school communications at the beginning of the year)

Dear Parent, Guardian, or Staff Member,

The Healthy Schools Act of 2000 requires each school district to notify parents, guardians, and staff annually of pesticides the district expects to apply during the year. We have adopted an integrated pest management (IPM) policy and have a thoughtful pest management program in place in which we use pesticides only as a last resort. Listed below you will find the materials that we may use during the year to avoid serious threats to health posed by pests and/or to maintain the integrity of a structure.

Name of Pesticide	Active Ingredient(s)	Target Pest

- In the event that we must use a product not on the above list, you will be notified 72 hours in advance of the application. Exceptions are made only for emergency circumstances that warrant immediate response.
- If you would like to be notified each time a pesticide is applied at your school, fill out and return the form below.
- For information about integrated pest management, pesticide use reduction, and pesticides visit the Department of Pesticide Regulation’s Web site at <http://www.cdpr.ca.gov> and click “School IPM Program”)

If you would like more information about our pest management program, please contact [NAME OF SCHOOL DISTRICT OFFICIAL] at [PHONE NUMBER] or by E-mail at [E-MAIL ADDRESS]. The best times to reach [SCHOOL DISTRICT OFFICIAL] by phone are [TIMES].

Sincerely,

-----Clip and return if applicable-----

REQUEST FOR INDIVIDUAL PESTICIDE APPLICATION NOTIFICATION

I would like to be notified every time a pesticide application is to take place at my child’s school (this is in addition to annual notification). I understand that the notification will be sent home with my child at least 72 hours before application.

Please print neatly.

Child’s name _____

School _____ Grade _____

Name of parent/guardian/staff _____ Date _____

Address _____

City _____ Zip Code _____ E-mail _____

Day Phone: () _____ Evening Phone: () _____

Return to: [SCHOOL OFFICIAL
[ADDRESS]

Alternate Wordings for Request for Notification

REQUEST FOR INDIVIDUAL PESTICIDE APPLICATION NOTIFICATION

I understand that, upon request, the school district is required to supply information about individual pesticide applications at least 72 hours before application. I would like to be notified before each pesticide application at this school _____ . I understand that

Name of School

will be vial E-mail.

Please print neatly.

Name of parent/guardian/staff _____ Date _____

E-mail _____

Day Phone: () _____ Evening Phone: () _____

Return to: [SCHOOL OFFICIAL
[ADDRESS]