

2016-2017 School Year

Pesticide Prior Notification Request

Parent/Guardian Name: _____

Student's (Child's) Name: _____

Email Address: _____

Street Address: _____

City: _____ Zip Code _____

Telephone Numbers: Daytime: _____ Evening: _____

Please Check One:

_____ I wish to be notified prior to a scheduled pesticide treatment inside of the building.

_____ I wish to be notified prior to a scheduled pesticide treatment on the outside grounds of the school.

_____ Both of the above.

_____ None of the above

Signature

Date