

2011-2012 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