

Dear Marysville Public Schools District Parent/Guardian:

Pesticides are periodically applied to school district property as part of the District's integrated pest management program. As required by Michigan law, 48 hours before any such application occurs, the District will post a sign advising of this application at the main entrance to the school or building. The District will also post notice of the application the District's website. In addition to these notifications, parents or legal guardians of the children enrolled in the District are entitled to receive the notice by first-class mail postmarked at least three days before the application. To be notified before the application of pesticides, the parent or legal guardian must complete and submit the "Pesticide Prior Notification Request" form below. Additional forms may be obtained by contacting Michael Roehl, Building & Grounds Manager, at (810) 364-7811.

Please understand that emergencies arise and pesticides may be applied without prior notice to parents or legal guardians. Parents or legal guardians that have requested prior notification, however, will be notified after any emergency pesticide applications.

Application of pesticides will be performed only by certified or registered applicators where and when required. Parents and legal guardians may review the District's integrated pest management program and records of any pesticide applications. If a pesticide is applied in a building, students will not occupy the room for a minimum of four hours. When a pesticide is applied to District grounds, the application will not be made within 100 feet of occupied classrooms and flags will be inserted in the ground to mark application area.

This notice was given in compliance with Regulation 637, as amended by Public Act 451 of 1994.

Pesticide Prior Notification Request

Return this form only if you wish to be notified of pesticide application to:

Michael Roehl
280 E. 14th Street
Marysville, MI 48040
mroehl@marysvilleschools.us

Parent/Guardian Name: _____

Student Name: _____ School: _____

Student Name: _____ School: _____

Student Name: _____ School: _____

Home Address: _____ City: _____ Zip: _____

Telephone Numbers: Daytime: _____ Evening: _____

Please Check All That Apply:

- 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.

Signature: _____ Date: _____