Kate Wall, Superintendent • 501 E. Chicago St • Bronson, MI 49028 • 517.369.3260 • BronsonSchools.org

Dear Parent/Guardian:

As part of its integrated pest management program, the District annually notifies its students' Parents that they will be given at least 48 hours' advance notice before the non-emergency application of a pesticide on school grounds (other than application pursuant to a bait or gel formulation).

Notice will be provided by posting at the school's entrances (Door A at all buildings) and:

- Anderson: Door F
- Ryan: Door J
- Jr/Sr High: Door AA
- Athletic Complex: Concession stand

In addition to this notice, and upon request only, Parents are entitled to receive notice by first-class mail postmarked 3 days before an application. Requests for this additional notice must be in writing (utilizing the form on the following page) and directed to me or to the person listed below.

Pesticides may be applied without advance notice in an emergency. The District will promptly notify Parents as set forth herein after any emergency application.

The District's integrated pest management program and pesticide application records are available for review. The person responsible for the school's pesticide application procedures is:

Name: Neil Kline
Phone: 517-369-3226
Email: klinen@bronsonschools.org

Please contact me if you have any questions about this correspondence.

Sincerely,

Kate Wall, Superintendent

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REQUEST FOR NOTICE OF PESTICIDE APPLICATION FOR PARENT/GUARDIAN

Dear Parent/Guardian:

Complete this form **ONLY** if you are requesting notification by United States Postal Service first-class mail.

Please be advised that you WILL receive notice via the methods identified in the advisory notice and should only complete this form if you are ALSO requesting notification by first-class mail.

If you are requesting prior notification of pesticide treatments conducted at this school or day care center, *other than a bait or gel formulation*, and you would like the notice to be delivered by United States Postal Service first-class mail at least 3 days prior to the planned treatment, please complete the information on the following form and submit it to:

School Name & Address: Bronson Community Schools; 501 E. Chicago St., Bronson, MI 49028

Contact Person & Phone Number: Kate Wall, (517) 369-3260

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I wish to receive a prior notice of any pesticide application to the school or day care center by first-class mail.

PARENT NAME: _____

STUDENT NAME: _____

STREET ADDRESS: _____

CITY, ZIP _____

DAY PHONE # _____

EVENING PHONE # _____

_____ _____

Signature Date