

Marshall **ALL**

P u b l i c S c h o o l s

PESTICIDE PRIOR NOTIFICATION REQUIREMENTS

(PLEASE COMPLETE ONLY IF YOU WISH TO BE NOTIFIED)

As part of the Marshall Public School District's integrated pest management program, pesticides are occasionally applied. According to Michigan law, a parent or legal guardian of a child enrolled in a school district has the right to be notified prior to the application of pesticides to that district's buildings or grounds. In certain emergencies, pesticides may be applied without prior notice, but notice will be provided following such application in the affected area. Notice of pesticide application for weed control will be posted in the affected area 48 hours prior to application. Pesticide application in the interior of buildings is only utilized as a last resort and **occurs during non-student occupied time**. The district has contracted with Rose Pest Solutions for our building pest management service. Please consider the following list of scheduled service dates as written prior notification of possible building pesticide applications for the grounds of Marshall Public Schools for the 2020-2021 school year:

	<i>Crowell</i>	<i>Harrington</i>	<i>Gordon • MHS • Walters</i>	<i>Hughes • MMS</i>	<i>Marshall Opportunity</i>		<i>Crowell</i>	<i>Harrington</i>	<i>Gordon • MHS • Walters</i>	<i>Hughes • MMS</i>	<i>Marshall Opportunity</i>
August	7	21	11	18	7 & 21	February	5	19	9	16	5 & 19
September	4	18	8	15	4 & 18	March	5	19	9	16	5 & 19
October	2	16	13	20	2 & 16	April	2	16	13	20	2 & 16
November	6	20	10	17	6 & 20	May	7	21	11	18	7 & 21
December	4	18	8	15	4 & 18	June	4	18	8	15	4 & 18
January	8	15	12	19	8 & 15	July	2	16	13	20	2 & 16

If you desire prior notification of application dates other than those listed above, please complete the back of this letter and submit to:

Mr. Brad Shedd
 Marshall Public Schools
 100 East Green Street
 Marshall, MI 49068
 269-781-1320

The school's integrated pest management program and pesticide application records are available for review upon request. If you have any questions contact Brad Shedd at 269-781-1320.

Complete form **only if you wish to be notified**
of **unscheduled treatments**.

PESTICIDE PRIOR NOTIFICATION REQUEST 2020-2021

(PLEASE COMPLETE ONLY IF YOU WISH TO BE NOTIFIED)

Parent/Guardian Name: _____

Street Address: _____

City: _____ Zip Code: _____

Phone Contact Numbers: _____

Please check (✓) all that apply:

_____ **I wish to be notified** at least three days prior to an unscheduled pesticide treatment
inside of the building.

_____ **I wish to be notified** at least three days prior to an unscheduled pesticide treatment on the
outside grounds of the school.

Student Information:

(Name)

(School)

(Name)

(School)

(Name)

(School)

(Name)

(School)

I have read the reverse side of this document and understand that buildings/grounds pesticide applications may occur on the dates specified; and that I will receive **no further notice of scheduled** applications. I will be notified of only unscheduled pesticide treatments as indicated above.

(Parent/Guardian Signature)

(Date)