

Manteno CUSD No. 5

Request to be notified of Planned Pesticide Applications – 2014-2015 School Year

I would like to be notified two days before the use of pesticides at the school my child/children attend. I understand that if there is an immediate threat to health or property that requires treatment before notification can be sent out, I will receive notification as soon as practical.

Please print or type in the information below.

Parent/Guardian/Staff Member's Name: _____

Student's Name: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

E-Mail: _____

School: _____ Grade: _____

Date: _____

Please indicate how you would prefer to be contacted if an emergency application is warranted (check all that apply): Phone Call Email Text Message

Please complete a form for each child in the District and return to the child's school.

This request will be valid for the 2014-2015 school year.

For office use only:

Date received: _____