

PESTICIDE APPLICATION NOTIFICATION REGISTRATION
(date-date School Year)

Date: _____

Name of Parent/Guardian: _____
(or staff member)

Address: _____

Name of Student: _____

School Site/Facility: _____

NOTE: This form is for the *(date-date)* school year. You must request this notification each school year. Please return this form by *(date)*.

District choice to include the following options:

Please notify me by (check one only):

- Mail (at above address)
- E-mail _____