Dear Parent or Guardian:

The Healthy Schools Act requires that all California school districts provide notice to parents and guardians about pesticides they expect to apply during the year. We expect to use the following pesticides in your school this year:

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<th>Name of Pesticide (Common Name)</th>
<th>Active Ingredient(s)</th>
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More information regarding these pesticides and pesticide use reduction can be found at the Department of Pesticide Regulation’s Web site at [www.cdpr.ca.gov](http://www.cdpr.ca.gov). A copy of Merced County Office of Education’s (MCOE) Integrated Pest Management plan can be found at: [http://www.mcoe.org/deptprog/business/facilities/Pages/Default.aspx](http://www.mcoe.org/deptprog/business/facilities/Pages/Default.aspx).

Parents or guardians may request prior notification of individual pesticide applications at the school site. People listed on this registry will be notified every time we apply a pesticide, please complete the form attached and return it by dropping it off or mailing it to:

Facilities and Support Services  
C/O IPM Coordinator  
Merced County Office of Education, 632 W. 13th Street, Merced, CA 95340
INTEGRATED PEST MANAGEMENT

Complete form below if you want to be notified at least 72 hours before application. MCOE will notify by phone unless stated differently. If you have any questions, please contact the Facilities Department at 209-381-4555.

REQUEST FOR INDIVIDUAL PRESTICIDE APPLICATION NOTIFICATION

I understand that, upon request, the school district is required to supply information about individual pesticide application at least 72 hours before application. I would like to be notified before each pesticide application at this school.

(Please print legibly)

Name of Parent/Guardian: ____________________________ Date: ________________
Mailing Address: ________________________________________________
Day Phone: (______)______________ Evening Phone: (______)______________
E-mail: ____________________________ School: _________________________
Return to (School Name and Address): ________________________________

I would prefer to be contacted by (check one): ☐ Phone ☐ Email ☐ U.S. Mail