

2720 Riverside Drive, PO Box 5013 • Port Huron, MI 48061-5013 (810) 984-3101 • Fax (810) 984-6606 • www.phasd.us

Advisory To Parents / Guardians

Dear Parent or Guardian:

State of Michigan law requires that schools and day care centers that may apply pesticides on school or day care property must provide an annual advisory to parents or guardians of students attending the facility.

Please be advised that as a district, Port Huron Schools utilizes an Integrated Pest Management (IPM) approach to control pests. IPM is a pest management system that utilizes all suitable techniques in a total pest management system with the intent of preventing pests from reaching unacceptable levels or to reduce an existing population to an acceptable level. Pest management techniques emphasize sanitation, pest exclusion, and biological controls. One of the objectives of using an IPM approach is to reduce or eliminate the need for chemical applications of pesticides. However, certain situations may require the need for pesticides to be utilized.

As required by State of Michigan law, you will receive advance notice regarding the non-emergency application of a pesticide such as an insecticide, fungicide or herbicide, other than a bait or gel formulation, that is made to the school or day care grounds or buildings during this school year. Please note that notification is not given for the use of sanitizers, germicides, disinfectants or anti-microbial cleaners. In certain emergencies, such as an infestation of stinging insects, pesticides may be applied without prior notice to prevent injury to students, but you will be notified following any such application.

Advance notification of pesticide applications, other than a bait or gel formulation, will be given by at least 2 methods. The first method will be by posting at the main entrance to the school. The second method will be by posting information on the district website.

Please be advised that parents or guardians of children attending the school or day care center are entitled to receive the advance notice of a pesticide application, other than a bait or gel formulation, by first class United States mail postmarked at least 3 days before the pesticide application, if they so request. If you prefer to receive the notification by first class mail, please complete the attached form and return it to our office.

Please be advised that parents or guardians of children attending the school may review the school's Integrated Pest Management program and records of any pesticide application upon request.



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REQUEST FOR ADVANCE NOTIFICATION BY FIRST CLASS MAIL

Dear Parent / Guardian:

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

Please be advised that you WILL receive notice via the methods identified in the annual advisory notice and should <u>only</u> 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, postmarked at least 3 days prior to the planned treatment, please complete the information on the following form and submit it to:

| (ENTER SCHOOL NAME, A | ADDRESS, CONTACT PERSON AND PHONE NUMB | BER HERE) |
|-----------------------------|---|------------|
| ***** | ************ | |
| I wish to receive a prior r | notice of any pesticide application to the school o center by first-class mail. | r day care |
| PARENT NAME: | | |
| STUDENT NAME: | | |
| STREET ADDRESS: | | |
| CITY, ZIP | | |
| DAY PHONE # | | |
| EVENING PHONE # | | |



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| Please | e Check One: | |
|--------|---|------------------------|
| ٠ | I wish to be notified prior to a scheduled pesticide application insbuilding. | side of the school |
| | I wish to be notified prior to a scheduled pesticide application or the school building. | the outside grounds of |
| | Both of the above. | |
| | | |
| Signat | iture | Date |