

IRVINE UNIFIED SCHOOL DISTRICT  
**Maintenance and Operations**

PARENT  
REQUEST FOR PESTICIDE APPLICATION NOTIFICATION

**Incomplete or illegible form will be voided**

I understand that, upon request, the school district is required to supply information about scheduled pesticide applications. I would like to be notified of these dates for this school site. This request is for the 2009/2010 school year.

**Please print neatly:**

*If you have a student attending a different school site, Please, fill out a separate form and return to that school site.*

Print name of school: \_\_\_\_\_

Print name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Room: \_\_\_\_\_

Print name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Room: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Parent/ Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Return this form to the school site secretary.**

**School Site Instructions:**

Change the M&O box in Eagle, (On Supplemental) from a NO to YES and forward a copy of this form to Maintenance and Operations.

Date entered in Eagle: \_\_\_\_\_ By: (Please Initial) \_\_\_\_\_