



# Acalanes Union High School District Pesticide Application Notification

You can complete this form on your own computer. To move from field to field, use the Tab key. You may then print the completed document and if desired, save the document template to your own computer. Duplicate fields will be repopulated after your first entry.

Date: \_\_\_\_\_ Student's Name: \_\_\_\_\_  
(Last) (First) (Middle)

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Student ID#: \_\_\_\_\_  
(Full Name of School)

The pesticides listed below may be applied in and around schools and other district facilities this year. They are all classified as Category III (least toxic) materials. Information regarding these pesticides is available on at the [Department of Pesticide Regulation's Website](#). For answers to questions specific to AUHSD, [email the Supervisor of Maintenance and Grounds](#) or call (925) 280-3960 x5908.

## PRODUCT NAME

## ACTIVE INGREDIENT

### Herbicide:

RoundUpPro

Glyphosphate

### Insecticide:

NisusTerro-PCOLiquidAntBait

Borax

## Request for Individual Pesticide Application Notification

I understand that, **upon request**, the school district is required to supply information about individual pesticide applications at least 72 hours before application.

### Please answer Yes or No to the following question:

Are you requesting that you receive 72 hour notification before each pesticide application is made at the student's school?  
\_\_\_\_\_ Y or N - If No, Skip Email and U.S. Mail Information fields.

If you are requesting 72 hour notification would you preferred to be notified by:  
\_\_\_\_\_ Email or U.S.Mail

U.S. Mail:

Name of Parent/Guardian: \_\_\_\_\_

Home Address:

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, ST)

\_\_\_\_\_  
(Zip)

Email: \_\_\_\_\_

Required Signature: Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_