

**ARCHDIOCESE OF DETROIT
ANNUAL PESTICIDE APPLICATION NOTIFICATION LETTER**

Dear Parent or Guardian:

St. Regis Catholic School utilizes an Integrated Pest Management (IPM) approach to control pests. IPM is a pest management system that utilizes multiple techniques to prevent pests from reaching unacceptable levels or to reduce an existing population to an acceptable level. Pest management techniques emphasize pest exclusion and biological controls. However, as with most pest control programs, **pesticides may also be utilized** at our facility.

This notice has been provided in compliance with MCL324.8316 and must be provided before the beginning of the school year (for schools) or in September (for day care centers). We are also required to notify you of your right to review the IPM Plan and IPM records. An IPM plan and records are required for pesticide applications inside the school and daycare center, exclusive of sanitizer, disinfectant, germicide, and anti-microbial applications.

You also have the right to be informed prior to any application of a pesticide in or at the school grounds or buildings during this school year, with the exception of bait, gel, sanitizer, disinfectant, germicide, and anti-microbial applications. 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.

At least 48 hours before an application, advance notification will be given by:

- 1) posting at commonly used entrances to the facility **and**
- 2) by E-mail.

Advance notification signs will be posted at the following commonly used entrance: Main entrance.

The following individual is responsible for pesticide application procedures:

Name: Josh Negron

Telephone Number: 248-724-3377

E-mail address (if available): Josh.Truenorth@stregis.org

In addition to the above methods of notice, **the parent/guardian is entitled to receive the notice by first-class U.S. mail postmarked at least 3 days before the application.**

If you need prior notification, please complete the information below and return to school office:

PRIOR NOTIFICATION REQUEST

PARENT NAME: _____

STUDENT NAME: _____

ADDRESS: _____

DAY PHONE #: _____

EVENING PHONE #: _____

Please Check the Following:

- I wish to be notified prior to a scheduled pesticide application inside of the school building.
- I wish to be notified prior to a scheduled pesticide application on the outside grounds of the school building.
- Both of the above.
- I do NOT wish to be notified during months when school is not in session.

Signature

Date