February 2017

Dear Parents, Guardians and Employees:

The Healthy School Act of 2000 with new amendments made in 2015, requires that all schools provide parents and staff members with annual written notification of expected pesticide use on school sites. Menlo Park City School District has developed an Integrated Pest Management (IPM) Plan that relies on long term pest prevention methods and limits the use of pesticides. The IPM program begins with education, habitat management, and alteration of maintenance activities, followed by physical, biological, and then chemical control.

The District’s IPM Plan can be found on the website at district.mpcsd.org under the tab Parent/Community tab. The IPM Plan is also included in this attachment.

All efforts will be made not to use pesticides; in case the usage is needed the Menlo Park City School District will only spray during non-school days. The District will post 24 hours prior to spraying and the area will be posted for 72 hours after spraying.

The list of products the District may be using during the school year is attached to this memo as part of the IPM Plan. For more information regarding these pesticides, visit the Department of Pesticide Regulation’s website at http://www.cdpr.ca.gov and click School IPM Program.

Parents or guardians may request prior notification of individual pesticide applications at the school site. Persons who register for such notification shall be notified of individual pesticide applications at least 72 hours prior to application. To register under this provision, please return the attached form to the Menlo Park City School District Office at 181 Encinal Ave, Atherton, CA 94027, Attention: Pesticide Notification or e-mail us at registrar@mpcsd.org with all the information indicated below, Subject: Pesticide Notification.

If you have any questions, please call the Business Office at (650) 321-7140.

Sincerely,

Ahmad Sheikholeslami
Chief Business and Operations Officer
Pesticide Notification:

Mail to: 181 Encinal Ave., Atherton CA 94027

I would like to be notified at least 72 hours before each pesticide application at:

School Name: ________________________________________________

PLEASE PRINT NEATLY:

Student Name: ________________________________________________

Parent Name: ________________________________________________

Address: ________________________________________________

City: ________________________________________________

Email address: ________________________________________________

Phone: ( ) ________________________________________________

Date: ________________________________________________