

ANDERSON UNION HIGH SCHOOL DISTRICT
**PARENT/GUARDIAN REQUEST TO SUBSCRIBE TO
INDIVIDUAL PESTICIDE APPLICATION NOTIFICATION**

I would like to be notified at least 72 hours before pesticide application at my child's school.

Today's date: _____

Child's name: _____

School: _____

Parent/Guardian: _____

Provide information for preferred method of contact:

U. S. Mail (address): _____

Email: _____

Home Phone: _____

Cell Phone: _____

Please return form to the Principal's office at your child's school.

For more information:
www.auhsd.net – Facilities & Maintenance Operations
IPM Coordinator 530/378-0568 ext. 20050