

MINISINK VALLEY CENTRAL SCHOOL DISTRICT
PO Box 217, Route 6, Slate Hill, NY 10973

Dear Parents and Guardians of Minisink Valley Students:

New York State Education Law, Section 409-H, effective July 1, 2001, requires all public and nonpublic elementary and secondary schools to provide written notification yearly to faculty, staff, and all persons in parental relation regarding the potential use of pesticides throughout the school year. Please be assured that we are committed to keeping the use of pesticides to a minimum.

The Minisink Valley School is required to maintain a list of all faculty, staff, and persons in parental relation who wish to receive 48-hour notification of certain pesticide applications. The following pesticide applications and specified conditions are not subject to prior notification requirements:

- ◆ The school remains unoccupied for a continuous 72-hours following an application;
- ◆ Anti-microbial products;
- ◆ Nonvolatile rodenticides in tamper-resistant bait stations in areas inaccessible to children; silica gels and other nonvolatile ready-to-use pastes, foams, or gels in areas inaccessible to children;
- ◆ Boric acid and disodium octaborate tetrahydrate;
- ◆ The application of EPA designate biopesticides;
- ◆ The application of EPA designated exempt materials under 40CFR152.25;
- ◆ The use of aerosol products with a directed spray in containers of 18 fluid ounces or less when used to protect individuals from an imminent threat from stinging and biting insects including venomous spiders, bees, wasps, and hornets.

In the event of an emergency application necessary to protect against an imminent threat to human health, a good faith effort will be made to provide written notification to those on the 48-hour prior notification list.

If you would like to receive 48-hour prior notification of pesticide applications that are scheduled to occur in your (child's) school, please complete the form below and return it to: **Director of Buildings and Grounds, P.O. Box 217, Slate Hill, NY 10973.**

Minisink Valley Central School District
REQUEST FOR PESTICIDE APPLICATION NOTIFICATION

Check where applicable:

____ MV Elementary ____ Otisville Elementary ____ Intermediate ____ Middle School ____ High School

Name: _____ School Year: _____ (ex. 2009-10)

Address: _____

Home Phone Number: _____ Work Phone Number: _____

e-mail address: _____