

# NATIONAL SCHOOL DISTRICT

1500 "N" Avenue, National City, CA 91950 - (619) 336-7770

Dear Parent or Guardian:

The Healthy Schools Act of 2000 was signed into law in September 2000 and requires that all schools provide parents or guardians of students with an annual written notification of potential expected pesticide use on school sites. We, or our pest control vendors, may use the following pesticides at your school this year:

Name of Pesticide/Herbicide	Active Ingredient(s)	Name of Pesticide/Herbicide	Active Ingredient(s)
Advion Evolution Cockroach Gel Bait	Indoxacarbi	Proscape 20-0-7 w/Trimec	Dichlorophenoxyacetic Acid
Answer Pocket Gopher Bait	Diphacinone	PT 565 Plus XLO Formula 2	Pyrethrins Piperonyl Butoxide N-Octyl Bicycloheptene Dicarboximide
Bayer Advanced Carpenter & Termite Killer Plus	Beta-Cyfluthrin/Deltamethrin	Raid Max Bug Barrier	Deltamethrin
Biobarrier	Trifluration/Carbon Black	Roundup Pro Herbicide	Isopropylamine Salt of Glyphosate
Black Flag Ant/Roach/Spider Killer	Pyrethrins/Permethrin/MGK-264	Safer Insecticidal Soap	Potassium Salts/Ethyl Alcohol/Methyl Alcohol
Boric Acid Roach Killer III (PIC)	Orthoboric Acid	Sedgehammer	Halosulfuron-Methy
Chloropicrin	Chloropicrin	Snapshot 2.5 TH	Trifluralin/Isioxaben/Dimethoxybenz amide
Delta Dust	Deltamethrin	Spectracide Ant Shield Home Barrier Granules	Lambda-Cyhalothrin
Ecoexempt G	Eugenol/Thyme Oil	Spectracide Terminate Termite Killing Foam 2	Praliethrin, Lambda-Chalothrin
Ecoexempt KO	Phenethyl Propionate/Eugenol	Speed Zone	Carfentrazone-Ethyl/Ethylexyl Ester/Mecoprop Acid
Ecopco Jet X	Phenethyl Propionate/Piperonyl Bufonide	Surestop Mole & Gopher Bait	Zinc Phosphide
Enforcer Wasp & Yellow Jacket Foam	Tetramethrin/Sumithrin	Talstar Professional Insecticide	Bifenthrin
Gopher Getter Bait (Type 2)	Diphacinone	Tekko Pro	2-(1-Methyl-2-[4-phenoxyphenoxy ethoxy]) Pyridine (Pyriproxyten), Novaluron
Merit 0.5G	Imidacloprid	Termite & Carpenter Ant Killer	Deltamethrin
One-Shot (Best)	24-D/Mecoprop/Dicamba/Dithiopyr/ Propionic Acid	Termidor SC Termiticide	Fipronil
Ortho Elementals Garden Disease Control	Copper Octanoate	Turf Supreme 16-6-8 Plus Trimec	Dichlorophenoxyacetic Acid
Phantom Termicide -Insecticide	Chlortenapyr	Vikane	Sulfuryl Fluoride
Precor 2000 Plus	Methoprene/Permethrin/Phenothrin	Year-Round Spray Oil	Petroleum Oil/Emulsifier

## POSSIBLE PESTICIDES USED BY Orkin

Advion Evolution Cockroach Gel Bait	Indoxacarbi	Gopher Getter Bait (Type 2)	Diphacinone
Answer Pocket Gopher Bait	Diphacinone	In2Mix	Pyriproxyfen Beauveria Bassiana Strain GHA
Bayer Advanced Carpenter & Termite Killer Plus	Beta-Cyfluthrin/Deltamethrin	PT 565 Plus XLO Formula 2	Pyrethrins Piperonyl Butoxide N-Octyl Bicycloheptene Dicarboximide
Chloropicrin	Chloropicrin	Tekko Pro	2-(1-Methyl-2-[4-phenoxyphenoxy ethoxy]) Pyridine (Pyriproxyten), Novaluron
Delta Dust	Deltamethrin	Termidor SC Termiticide	Fipronil
		Vikane	Sulfuryl Fluoride

Areas of Application: Interior and exterior areas and perimeters, as needed. Reason for application: To control pests from entering into classrooms and prevent herbicidal overgrowth. Weed abatement will normally be performed on weekends or when school is not in session.

You can find more information regarding these pesticides and pesticide use reduction at the California Department of Pesticide Regulation's Website at <http://www.cdpr.ca.gov/schoolipm/>. A copy of National School District's Integrated Pest Management plan (IPM) can be viewed at any school office or can be viewed at the National School District web site: ([www.nsd.us](http://www.nsd.us)) at:

NSD Home →Departments→Maintenance and Operations →IPM.

Parents or guardians may request prior notification of individual pesticide application at their child's school site by filling out the page attached to this notice and returning it with the registration packet. The form is also available at your child's School Office or can be downloaded from the National School District web site: ([www.nsd.us](http://www.nsd.us)) at NSD Home→For Parents/Students→Parent/Guardian Annual Pesticide Notification.

Parents or guardians who completed the Pesticide Application Notification form will be notified at least 72 hours before pesticides are scheduled to be applied at their child's school. Note: the 72-hour prior notification preceding an application requirement is not applicable during "Emergency" (time critical) applications.

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Estimado padre o tutor:

En septiembre del año 2000 se dictó la Ley del 2000 para las Escuelas Saludables, la cual dispone que todas las escuelas avisen por escrito cada año a los padres o tutores de los alumnos que se usarán insecticidas o herbicidas en los planteles escolares. Este año vamos a usar los siguientes insecticidas en la escuela de su niño(a):

Name of Pesticide/Herbicide	Active Ingredient(s)	Name of Pesticide/Herbicide	Active Ingredient(s)
Advion Evolution Cockroach Gel Bait	Indoxacarb	Proscape 20-0-7 w/Trimec	Dichlorophenoxyacetic Acid
Answer Pocket Gopher Bait	Diphacinone	PT 565 Plus XLO Formula 2	Pyrethrins Piperonyl Butoxide N-Octyl Bicycloheptene Dicarboximide
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Delta Dust	Deltamethrin	Termidor SC Termiticide	Fipronil
		Vikane	Sulfuryl Fluoride

Áreas de aplicación: Áreas interiores y exteriores y perímetros según se requiera para combatir la infestación de plagas. Motivo de la aplicación: Evitar que las plagas entren a los salones e impedir la expansión de hierbas. Eliminaremos la hierba los fines de semana.

Se puede hallar más información sobre estos insecticidas y sobre la reducción del uso de insecticidas en el sitio de Internet del Departamento de Regulación de Insecticidas: <http://www.cdpr.ca.gov>.

Los padres o tutores pueden pedir que les avisen anticipadamente de aplicaciones individuales de insecticidas en el plantel. A partir del 1° de septiembre, las personas en la lista serán notificadas por lo menos 72 horas antes de que se vayan a aplicar insecticidas. Si desea que le avisemos cada vez que vayamos a poner un insecticida, denos la siguiente información:

## Parent /Guardian Request for Individual Pesticide Application Notification

Upon Parent/Guardian request, the School District/School is required to provide information concerning individual pesticide applications at least 72 hours before application at your child's school. Note: the 72-hour prior notification preceding an application requirement is not applicable during "Emergency" (time critical) applications.

### **Please return this form to your child's School Office when filled out.**

This notification will stay current as long as your child is enrolled at a National School District school (you do not need to re-apply every year). Please alert your child's School Office staff of any changes in your notification information on this form or if you choose to no longer wish to be notified of pesticide applications at least 72 hours before application.

### **Please print neatly when filling out your appropriate section:**

(Select one of the three sections below)

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#### **ADD PARENT/GUARDIAN TO NOTIFICATION LIST**

**I would like to be notified before each pesticide application at my child's school.**

Name of child: \_\_\_\_\_

School/Grade level: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_

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

I would prefer to be contacted by (check one):  E-mail  Letter  Phone

Address: \_\_\_\_\_

Day Phone: (\_\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

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#### **DELETE FROM PARENT/GUARDIAN NOTIFICATION LIST**

**I wish to be REMOVED from the pesticide notification list (if previously on list).**

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#### **CHANGE INFORMATION ON PARENT/GUARDIAN NOTIFICATION LIST**

**I wish to be MAKE CHANGES to my pesticide notification information.**

Name of child: \_\_\_\_\_

School/Grade level: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_

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

Information to be changed \_\_\_\_\_

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#### **SECTION FOR SCHOOL OFFICE PERSONNEL ONLY**

In Synergy

1. Student > Other Info (tab) > OP Fields (section) > Pesticide Notification (field)
2. Enter the preferred "contact by" option (only for students with this form submitted by Parent/Guardian)

## Petición del Padre/Tutor para recibir Notificación de Pesticidas

Al recibir petición de los padres/tutores, el distrito escolar y la escuela están obligados a proporcionar la información a la aplicación de pesticidas con 72 horas de anticipación en la escuela de sus hijos. Nota: la notificación previa de 72 horas que precede una aplicación de pesticidas obligatoria no es aplicable durante casos de urgencia que requieren respuesta inmediata.

### **Después de llenar esta forma, por favor regrésela a la oficina de la escuela de su hijo(a).**

Esta notificación estará vigente mientras que sus hijos asistan a las escuelas del Distrito Escolar Nacional (no es necesario aplicar cada año). Por favor avise al personal de la oficina de la escuela de sus hijos de cualquier cambio de información para recibir notificación de pesticidas, o si ya no desea recibir la notificación previa de 72 horas antes de la aplicación de pesticidas.

### **Por favor imprima claramente al llenar la sección correspondiente:**

(Seleccione una de las tres secciones siguientes)

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#### **AGREGAR PADRE/TUTOR A LA LISTA DE NOTIFICACION DE APLICACIÓN DE PESTICIDAS**

**Deseo ser notificado antes de cada aplicación de pesticidas en la escuela de mi hijo(a).**

Nombre del estudiante: \_\_\_\_\_

Escuela/Grado: \_\_\_\_\_ / \_\_\_\_\_ Fecha: \_\_\_\_\_

Nombre del Padre/Tutor: \_\_\_\_\_

Prefiero notificación por (marque uno):  E-mail  Carta  Teléfono

Domicilio: \_\_\_\_\_

Teléfono durante el día: (\_\_\_\_) \_\_\_\_\_ Teléfono durante la noche: (\_\_\_\_) \_\_\_\_\_

Correo electrónico: \_\_\_\_\_

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#### **EXCLUIR PADRE/TUTOR DE LA LISTA DE NOTIFICACION DE APLICACIÓN DE PESTICIDAS**

**Deseo ser EXCLUIDO de la lista de notificación de pesticidas (si previamente en la lista).**

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#### **CAMBIOS A LA INFORMACION DE PADRES/TUTORES EN LA LISTA DE NOTIFICACION DE APLICACIÓN DE PESTICIDAS**

**Deseo HACER CAMBIOS a mi información de Notificación de Aplicación de Pesticidas.**

Nombre del estudiante: \_\_\_\_\_

Escuela/Grado: \_\_\_\_\_ / \_\_\_\_\_ Fecha: \_\_\_\_\_

Nombre del Padre/Tutor: \_\_\_\_\_

Cambios a la información: \_\_\_\_\_

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#### **SECTION FOR SCHOOL OFFICE PERSONNEL ONLY**

In Synergy

1. Student > Other Info (tab) > OP Fields (section) > Pesticide Notification (field)
2. Enter the preferred "contact by" option (only for students with this form submitted by Parent/Guardian)