



AVON COMMUNITY
SCHOOL
CORPORATION

Parent/Guardian and Staff Pesticide Registration Form

My signature below indicates that I would like to be placed on the notice of pesticide application roster, and that I will receive a pesticide application notice by mail or hand-delivered no later than 48 hours prior to the application.

[Parent/Guardian Signature]

[Staff Member Signature]

[Parent/Guardian Printed Name]

[Student's Name]

[Street Address]

[City, State, Zip]