



**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.

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[Parent/Guardian Signature]

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[Staff Member Signature]

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[Parent/Guardian Printed Name]

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[Student's Name]

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[Street Address]

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[City, State, Zip]