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Pesticide Advisory to Parents/Guardians

Dear Parents/Guardians:

As part of the Southgate Community School District's pest management program, a contracted service company performs a Pest Management Program Inspection of our buildings once a month. At that time, a visual inspection is performed, and if further treatment is needed, corrective measures will be put into effect during **non-occupied times**.

State of Michigan law requires that schools and day care centers that may apply pesticides on school or day care property must provide an annual advisory to parents or guardians of students attending the facility.

Pesticides are occasionally applied on non-school days. You have the right to be informed prior to any application of an insecticide, fungicide or herbicide made to the school grounds or buildings during the school year. In certain emergencies, such as an infestation of stinging insects, pesticides may be applied without prior notice to prevent injury to students, but you will be notified following any application.

Advance notification of pesticide applications, other than a bait or gel formulation, will be given by at least 2 methods. The first method will be by posting at the main entrance to the school. The second method will be by posting information on the District website. Please be advised that parents or guardians of children attending the school are entitled to receive the advance notice of a pesticide application, other than a bait or gel formulation, by first class United States mail postmarked at least 3 days before the pesticide application, if they so request. If you prefer to receive the notification by first class mail, please complete the information below and mail to:

Southgate Community Schools
 Maintenance Department
 13100 Burns
 Southgate, MI 48195

Complete this request ONLY if you want to be notified by US Mail in addition to the other two methods of notification.

Parent/Guardian Name: _____

Child's Name: _____

Address: _____

City, State, Zip: _____

School Child Attends: _____

Signature: _____