

Steven Rioux, Superintendent of Schools 45 Westminster Road, Canterbury, CT 06331 Phone (860) 546-6950 Fax (860) 546-6423 Email: srioux@canterburypublicschools.org

August 2022

Dear Parent/Guardian:

State law now requires each school district to provide the parents or guardians of each school child a summary of the Integrated Pest Management (IPM) plan for the district. Waltham Chemical Company has designed and implemented an IPM for the Canterbury Public Schools. Enclosed with this letter is a summary of the IPM plan for the district.

In addition, this letter will serve as notification to you that you may register for notice of pesticide applications at your child's school. Each school will maintain a registry of persons requesting such notification. This notification will include the name of the active ingredient of the pesticide being applied, the location of the application, the date of the application and the name of the person who may be contacted for further information. Notice will be provided, by any means practicable, on or before the day that the pesticide application is to take place. No application will be made in any building or on any school grounds during regular school hours or during planned school activities unless an emergency application of pesticides is needed to eliminate threat to human life. Under these circumstances, the application will not involve a restriction of use pesticide and no child will be allowed to enter the application area until it is safe to do so according to the provisions on the pesticide label. A copy of the record of each pesticide application will be maintained at the school for five years after the application.

If you wish to be placed on the registry at your child's school to be notified of pesticide applications, please complete the enclosed form and send it with your child to school.

Sincerely,

Steven Rioux

Superintendent of Schools

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Request for Notification of Pesticide Application 2022-2023

If you wish to be placed on the registry at your child's school to be notified of pesticide applications, please provide the information below and return the form to the school.

School:	Dr. Helen Baldwin Middle School
Student's Name:	
Parent/Guardian's Name:	
Home Address:	
Daytime Phone:	
Evening Phone:	