

**KINGSTON CITY SCHOOL DISTRICT**

Sixty-One Crown Street  
Kingston, New York 12401  
845-339-3000 845-339-3126 Fax

**Dr. Paul J. Padalino**  
Superintendent of Schools

**Allen Olsen**  
Deputy Superintendent for Human  
Resources and Business

September 2019

Dear Parent, Guardian, and School Staff:

New York State Law Section 409-H, effective July 1, 2001, requires all public and nonpublic elementary and secondary schools to provide written notification to all persons in parental relation, faculty and staff regarding the potential use of pesticides periodically throughout the school year. The Kingston City School District is required to maintain a list of persons in parental relation, faculty and staff who wish to receive 48-hour prior written notification of certain pesticide applications. The following pesticide applications are not subject to prior notification requirements.

- a school remains unoccupied for a continuous 72-hours following an application;
- anti-microbial products;
- nonvolatile rodenticides in tamper resistant bait stations in areas inaccessible to children;
- boric acid and disodium octaborate tetrahydrate;
- the application of EPA designated biopesticides;
- the application of EPA designated exempt materials under 40CFR152.25;
- the use of aerosol products with a directed spray in containers 18 fluid ounces or less when used to protect individuals from an imminent threat from stinging and biting insects including venomous spiders, bees, wasps and hornets.

In the event of an emergency application necessary to protect against an imminent threat to human health, a good faith effort will be made to supply written notification to those on the 48-hour prior notification list. If you would like to receive 48-hour prior notification of pesticide applications that are scheduled to occur in your school, please complete the form below and return it to the Kingston City School District IPM representative at: 918 Ulster Avenue, Kingston, New York 12401, or fax it to 845-331-1180. If you have questions please call Mr. Thomas Clapper at 845-943-3175.

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(Detach Here)

**KINGSTON CITY SCHOOL DISTRICT REQUEST FOR PESTICIDE APPLICATION NOTIFICATION**

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

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

Day Telephone Number: \_\_\_\_\_ Evening Telephone Number: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School Name: \_\_\_\_\_

Additional Child: \_\_\_\_\_ School Name: \_\_\_\_\_

Additional Child: \_\_\_\_\_ School Name: \_\_\_\_\_