

Dear Parent, Guardian and School Staff,

New York State Education Law Section 409-H, effective July 1, 2001, requires all public and nonpublic elementary 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. Catholic Academy 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
- nonvolatile insecticidal baits in tamper resistant bait stations in areas inaccessible to children
- silica gel and other nonvolatile ready to use pastes, foams, or gels 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 of 18 fluid ounces or less when used to protect individuals from imminent threat from stinging and biting insects including venomous spiders, bee, 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-prior notification list. If you would like to receive 48-hour prior notification of pesticides applications that are scheduled to occur in the school, please complete the attached form and return to school.

Yours truly,

*Ms. Johanna Richards*

Ms. Johanna Richards, Principal

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## 48 Hour Pesticide Use Notification List Request 2025-2026

I **wish** to be notified at least 48 hours prior to pesticide use at Catholic Academy of Niagara Falls.

Student Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Contact Information:

Parent/Guardian Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please return to the school office by Friday, September 12<sup>th</sup>.