

**KEWANEE COMMUNITY UNIT SCHOOL DISTRICT #229**

**Administrative Office**

**1001 N. Main St. · Kewanee, Illinois 61443**

**(309) 853-3341 · Fax (309) 852-5504**

**Dr. Christopher Sullens, Superintendent**

**Mr. James L. Golby, Superintendent Emeritus**

***“Striving for Excellence”***

August 27, 2020

TO: All Kewanee CUSD #229 Parents/Guardians

FROM: Dr. Christopher Sullens, Superintendent

RE: Pest Control Management

This is to inform all parents/guardians of Kewanee CUSD #229 students that if insect control is determined to be needed, Emerick Pest Control will provide these services. If you would like any additional information regarding our Pest Control Management Plan, please contact your building principal.

The tentative schedule for all buildings is as follows:

Neponset Grade School and Pre K	2 <sup>nd</sup> Thursday of each month
Lyle Pre K	4 <sup>th</sup> Tuesday of each month
Belle Alexander	4 <sup>th</sup> Tuesday of each month
Irving School	2 <sup>nd</sup> Thursday of each month
Central Jr. High	2 <sup>nd</sup> Thursday and 4 <sup>th</sup> Tuesday of each month
Kewanee High School	2 <sup>nd</sup> Thursday and 4 <sup>th</sup> Tuesday of each month

In addition, the following treatments will occur for all buildings as weather permits. No students or staff will be in attendance during these times:

August (prior to 1 <sup>st</sup> day of school)	Interior Preventative Treatment for insects
December (during winter break)	Interior Preventative Treatment for insects

Spring (during spring break)	Exterior Liquid Baiting for Insects
Fall (prior to 1 <sup>st</sup> day of school)	Exterior Liquid Baiting for Insects

Fogging treatments will be done in cafeterias during the Summer, October, Winter Break, and Spring Break when no students or staff will be in buildings

# REQUEST FOR NOTIFICATION of PEST CONTROL TREATMENT

As a parent of the student (s) listed below, I request to be notified by the Kewanee Community Unit School District #229 when pest control treatment is scheduled to be applied to the buildings listed.

Child's Name	School Building (s)
_____	_____
_____	_____
_____	_____

Please give the following information for notification purposes. If this is not fill out completely, we will not be able to notify you of any additional pest control treatment.

Parent's Name \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Physical Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Send this information to the office of the school building (s) where you desire the notification. If you request notification for more than one building, simply list them on the top of this form and submit it once to one of the buildings.