AHERA Yearly Notification

August 14, 2019

Dear Parents, Teachers, Building Occupants, and Employee Organizations:

In the past, asbestos was used extensively in building materials because of its insulating, sound absorbing, and fire retarding capabilities. Virtually any building constructed before the late 1970's contained some asbestos. Intact and undisturbed asbestos materials generally do not pose a health risk. Asbestos materials, however, can become hazardous when, due to damage or deterioration over time, they release fibers. If the fibers are inhaled, they can lead to health problems, such as cancer and asbestosis.

In 1986, Congress passed the Asbestos Hazard Emergency Response Act (AHERA) which requires schools to be inspected to identify any asbestos containing building materials. Suspected asbestos-containing building materials were located, sampled (or assumed) and rated according to condition and potential hazard. The federal law also requires us to perform surveillances of asbestos materials every six (6) months; to re-inspect every school on a 3-year basis to determine whether the condition of the known or assumed asbestos containing building materials (ACBM) has changed; and to make recommendations on managing or removing the ACBM.

In Compliance with the US Environmental Protection Agency (EPA), and as required by the Asbestos Hazard Emergency Response Act (AHERA), the Lansing School District performed school building inspections for asbestos-containing building materials and a 3-year re-inspection was conducted in August 2019. Asbestos inspectors performed these surveillances and an accredited management planner reviewed the results and recommended actions that should be taken to safely manage each asbestos material in schools and buildings.

No significant changes in the asbestos materials condition were noted during the 2019 re-inspection of schools and other buildings. All asbestos materials are in satisfactory condition and the district will continue to manage such materials in place, as recommended by the accredited management planner.

This notification letter, education and training of our employees, a set of plans and procedures designed to minimize the disturbance of the ACM, and plans for regular surveillance of the ACM are a part of Lansing School District's efforts to meet government regulations (AHERA).

A copy of these plans is available at each school and at the district Physical Plant office during regular office hours.

All inquiries regarding the asbestos plan and asbestos-related issues should be directed to Physical Plant Office at 755-3800 or the Director of Operations at 755-3014.
Dear Parents:

The following letter is a requirement of the Department of Agriculture, State of Michigan:

As a part of the Lansing School District's pest management program, pesticides are occasionally applied. You have the right to be informed prior to any pesticide application made to the school or day care grounds and buildings. In certain emergencies, pesticides may be applied without prior notice, but you will be provided notice following any such applications. If you need prior notification, please complete the information below and return it to the school. If you have any questions, please feel free to call the school office.

PESTICIDE PRIOR NOTIFICATION REQUEST

Parent/Guardian Name: ____________________________________________

Student(s) Name: ________________________________________________

School: _________________________________________________________

Street Address: __________________________________________________

City: ___________ Zip Code: ___________ Telephone Numbers: ________ ________

Email Address: ________________________________________________

(Day) ____________________ (Evening) __________________

PLEASE CHECK:

_______ I wish to be notified prior to a scheduled pesticide treatment inside of the building.

_______ I wish to be notified prior to a scheduled pesticide treatment on the outside grounds of the school.

______________________________________________________________
Signature

______________________________________________________________
Date
Pest Control Treatment Yearly Notification

August 14, 2019

Dear Building Administrators:

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. Michigan Schools are governed by Regulation 637 of the Pesticide Control Act 171 as administered by the Michigan Department of Agriculture.

It is the intent of the Lansing School District to fully comply with Public Act 171, which pertains to the application of pesticides in Michigan Schools. The amended sections of this Act, which directly affect school operations are as follows:

(1) Parents and guardians of children attending school are to be notified by school administrators of the right to be informed prior to any application of a pesticide at that school. Furthermore, this notification shall contain information, obtained from the person applying the pesticide, which includes a statement that a pesticide will be applied, the approximate location of the application, and the date of application.

(2) At time of application, the applicator will provide a sign indicating an application has been made. The sign must be posted for at least 48 hours after the most recent application. The sign must be dated for the posted period.

(3) Applications will be performed by certified and/or registered personnel, where required.

(4) Applications are not to be made in a room of a school building unless the room will be unoccupied by students for not less than 4 hours after the application or unless the label requires a longer re-entry period.

(5) Liquid spray pesticides must not be made on school grounds within 100 feet of occupied classroom buildings or grounds.

The attached letters are provided for your use in notification of parents/guardians and should be sent with your school news mailers at the beginning of the school year.

All information concerning treated areas and pesticides used is kept in the Integrated Pest Management (IPM) book located in the main custodial office at each school and should be provided to any concerned parent, student, or staff member upon request.

If there are any questions, please contact the Physical Plant Office at 755-3800.

Thanks for your cooperation.
STUDENT NAME: __________________________
STUDENT #: __________________________

LANSING SCHOOL DISTRICT

MILITARY RECRUITMENT OPT-OUT FORM
FOR SECONDARY STUDENTS
SCHOOL YEAR 2019-2020

COMPLETE THIS FORM IF YOU DO NOT WANT PERSONAL INFORMATION* RELEASED TO MILITARY RECRUITERS. FORM MUST BE COMPLETED, SIGNED AND RETURNED TO THE EASTERN HIGH SCHOOL MAIN OFFICE BY OCTOBER 11, 2019.

*Name, address, and telephone number of current student.

I, __________________________, hereby exercise my

Parent or Student

right, granted to me by the Congress of the United States under section 9528 of the Elementary and Secondary Education Act of 1965, as amended by the No Child Left Behind Act of 2001**, (and any other applicable state, federal or local law or any school policy), and hereby request that the name, address, and telephone number of __________________________

(Name of Student)

a current student of the Lansing School District, NOT be released to military recruiters without prior written parental consent. I do, however, consent to the disclosure of such information to institutions of higher education other than military institutions.

SIGNATURE REQUIRED (Please check one.)
Signed by: □ Parent or □ Student

Signature: __________________________ Date: ___ / __ / ___

Printed Name: __________________________

Street Address: __________________________

City/ State/ Zip: __________________________ Phone: __________________________

**The "No Child Left Behind" Act includes a requirement that high schools provide military recruiters, upon request, with the names, addresses, and telephone numbers of all students unless the student or student's parents requests that it NOT be released.

The Lansing School District complies with all federal laws and regulations prohibiting discrimination and with all requirements and regulations of the U.S. Department of Education. It is the policy of the Lansing School District that no person on the basis of race, color, religion, national origin or ancestry, age, gender, height, weight, marital status or disability shall be subjected to discrimination in any program, service or activity for which it is responsible, or for which it receives financial assistance from the U.S. Department of Education.
Student's Name ___________________________ Date of Birth ___________________________

School ___________________________ Teacher ___________________________ Grade ___________________________

_____ My child has NO medical conditions, health concerns, or special medical needs at this time.

_____ My child HAS THE FOLLOWING MEDICAL conditions, health concerns and/or special medical needs:

____ ADHD/ADD
____ Asthma
____ Bee Sting Allergy
____ Cancer/Leukemia
____ Cerebral Palsy
____ Diabetes (Type 1 or 2)
____ Drug Allergies
____ Epilepsy/Seizures
____ Allergy, Milk*
____ Congenital Abnormality
____ Heart Condition

Food Allergies (Please list):


Please list any medical conditions or health concerns NOT listed above:


Please check any of the medications listed below that your child may need at school:

____ Benadryl
____ Diastat
____ Epi-pen
____ Glucagon
____ Inhaler
____ Insulin Pump

____ Other (Please specify):

Please list all of your child's current medications and treatments:


Please specify any other health information (i.e. a 504 plan, special needs, precautions) that applies to your child:


(Please Check) I consent to share this information with district staff, such as, principals, teachers, secretaries, and food service staff. I authorize school personnel to exchange information with my child's health care providers by telephone, fax, and email or in writing to facilitate coordination and continuity of care. Please contact the school nurse to discuss any health concerns or special medical needs of your child.

Insurance

Doctor/Health Care Provider ___________________________ Phone ___________________________

Parent/Guardian Signature ___________________________ Date ___________________________

Home Number ___________________________ Work Number ___________________________

Cell Number ___________________________

*A note from your doctor is required for a substitute drink at school.

Office of School Culture - Nursing Department