

CORPORAL PUNISHMENT CONSENT FORM

1. I authorize and give my consent for Alva Public Schools officials to administer corporal punishment

(paddle) to _____ (*name of student*)

as outlined in board policy. This consent is valid for the _____ school year.

2. I do not consent to the administration of corporal punishment to _____

_____ (*name of student*). This consent is valid for the _____ school year.

Parent or Guardian

Date: _____