

# JACKSON COUNTY *School District*

**“Raising the Standard”**

**Corporal Punishment**  
SCHOOL YEAR \_\_\_\_\_

**Student’s Name** \_\_\_\_\_

**Parent/Legal Guardian’s Name** \_\_\_\_\_

**Legal Address** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Home**  
\_\_\_\_\_ **Work – Father**  
\_\_\_\_\_ **Work - Mother**

**Corporal punishment is a step in the Jackson County School District’s assertive discipline plan. If I do not want my child corrected with corporal punishment, I must sign this form and submit it to the school’s principal office stating that corporal punishment is NOT to be used as a form of discipline with my child.**

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