



Gosnell Elementary School

Tiffany Kennemore, Principal
Tina Godsey, Assistant Principal
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CORPORAL PUNISHMENT FORM:

I _____ do NOT give Gosnell School District permission
(Please print Parent name)

to use corporal punishment on my child _____
(Please print Child's name)

I understand in lieu of corporal punishment my child will receive 3 days out-of-school suspension.

Day time phone where I can be reached _____

If I can NOT be reached, call _____

at this number _____

Parent Signature _____ Date _____