## VALLIANT BOARD OF EDUCATION

FOB-E1

## CORPORAL PUNISHMENT CONSENT FORM

dontion	Date: 8/14/2023	Revision	Date(s):		Page 1 of 1
			Date:		
			Parent or Guardia		
	(name of student). This consent is valid for the				school year.
2.	I do not consent to the administration of corporal punishment to				
	as outlined in board policy. This consent	t is valid fo	r the	school year.	
	(paddle) to				
1.	I authorize and give my consent for Public Schools officials to administer corporal punishment				