

**BARBERS HILL INDEPENDENT SCHOOL DISTRICT**

**CORPORAL PUNISHMENT AGREEMENT**

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Relation to Student: \_\_\_\_\_

I, \_\_\_\_\_, parent/guardian of  
Parent/Guardian (circle one)

\_\_\_\_\_  
Student Name      \_\_\_ DO \_\_\_ DO NOT

*Hereby give permission to the administration of Barbers Hill Independent School District to use corporal punishment in disciplining my child at Barbers Hill Independent School District. I understand and agree to the following guidelines and conditions as set forth in Barbers Hill Independent School District's Policy FO (LOCAL) STUDENT DISCIPLINE: Corporal Punishment.*

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date