

**Temple Independent School District
2009-2010**

Corporal Punishment Opt-Out Acknowledgment

Date: _____

Name of School: _____

_____ I acknowledge that I have received a copy of Board Policy FO (Local) regarding corporal punishment and I choose the following option:

_____ I **do not** want my child paddled under any circumstances. I understand that an alternative form of punishment will be assigned in lieu of corporal punishment.

Student's Name: _____

Parent/Guardian: _____

Principal: _____