

**CORPORAL PUNISHMENT CONSENT FORM**

1. I authorize and give my consent for Ringwood Public Schools officials to administer corporal punishment (paddle) to \_\_\_\_\_ (name of student) as outlined in board policy. This consent is valid for the \_\_\_\_\_ school year.
  
2. I do not consent to the administration of corporal punishment to \_\_\_\_\_ (name of student). This consent is valid for the \_\_\_\_\_ school year.

\_\_\_\_\_  
Parent or Guardian

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