



**COOLIDGE INDEPENDENT SCHOOL DISTRICT**  
**1002 KIRVEN ST. \* P.O. BOX 70 \* COOLIDGE, TX \* 76635**

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July 25, 2016

Dear Parents:

Please complete this form that permits or prohibits the Coolidge ISD utilizing corporal punishment as a consequence for inappropriate student behavior. Please complete and return to your child's principal by August 5, 2016.

Student's Name: \_\_\_\_\_

Student's Grade: \_\_\_\_\_

The Coolidge ISD may utilize corporal punishment as a consequence for inappropriate behavior by my child(ren)

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

The Coolidge ISD may not utilize corporal punishment as a consequence for inappropriate behavior by my child(ren).

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

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**"EXCELLENCE IS OUR EXPECTATION"**  
**PHONE: 254-786-2206 \* FAX: 254-786-4835**