Date:		
To: Superintendent:		Principal:
		Subject Teachers:
		,, Counselor:
From: Parent or Guard	nan:	
Subject: School Denie under any circumstand		y Punish
This document to be fi	iled with	
		(School District)
Delivered to school by:	mailemailh	and deliveredfaxed
This letter is applicable f	for the duration of student's o	enrollment in the above named school district.
I,	, Parent/Gu	uardian of,
DENY permission to Principal, Assistant Principal, Counselor, or any employee of the above named school district to corporally punish the above named student for any reason, whatsoever.		
	, demonstration of any situati	ats, having student make any verbal statements ion, providing a witness statement in any form,
Parent/Guard	ion	2 nd Parent/Guardian
r arent/Ouard	1411	
Primary contacts for a Name:		Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Memos of 1-3 adul	t witnesses of this letter, re	lated to student, are attached.
		be adversely affected if corporally punished. ate filed with pediatrician:
Filed with Police Dept	:	Date:
Notarized (See rev	verse or attachment.)	