

*Fulton County
Elementary/Middle School
Corporal Punishment Form
2020-2021*

*I am the Parent/Guardian of _____
in _____ (grade) and understand Fulton
County Elementary/Middle School's procedure for the
use of corporal punishment.*

*_____ I grant permission for corporal punishment to
be administered to my child.*

*_____ I do NOT grant permission for corporal
punishment to be administered to my child.*

*_____ I would like to be notified before corporal
punishment is administered to my child.*

Parent/Guardian Signature: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____