



Wheeler Independent School District  
#1 Mustang Drive  
PO Box 1010  
Wheeler, TX 79096



## WHEELER ISD CORPORAL PUNISHMENT CONSENT

Signing this form and returning it to your child's school indicates that you will access and read the Wheeler IDS Handbook at [www.wheelerisd.net](http://www.wheelerisd.net). The guidelines for student conduct and the Code of Conduct are explained in this document. This form is valid for the entire time your child is enrolled in Wheeler ISD.

In addition, your signature on this form indicates that you and your child are aware of the district's Corporal Punishment Policy.

If clarification or explanation of any of these policies or procedures is needed, please contact the principal of your child's campus.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

\_\_\_\_\_ Yes, I give permission to administer corporal punishment to my child.

\_\_\_\_\_ No, I do not wish for my child to receive corporal punishment.

Parent Signature: \_\_\_\_\_

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