

PLEASE SIGN AND RETURN

I have read and understand the 2009-2010 Winona Christian School Student/Parent Handbook.

Student's Signature

Signature(s) of Parent(s) or Legal Guardian

The following applies to students in grades 1-12.

I hereby give permission for my child, _____ to receive corporal punishment when deemed necessary by the Headmaster, Teachers or Coaches.

Father

Date

Mother

Date

Legal Guardian

Date

I **do not** give permission for my child, _____ to receive corporal punishment. Should a situation warrant serious punishment I wish to

be notified at (Home) _____ (Work) _____

(Cell) _____.

Father

Date

Mother

Date

Legal Guardian

Date

Please remove this page and return it to the first period teacher with the signatures of the Student and Parents or Legal Guardian.