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TRANSYLVANIA COUNTY SCHOOLS

PARENT NOTIFICATION OF CORPORAL PUNISHMENT

NAME OF STUDENT \_\_\_\_\_

DATE OF PADDLING \_\_\_\_\_

NUMBER OF LICKS OR BLOWS \_\_\_\_\_

TIME OF PADDLING \_\_\_\_\_

REASON FOR PUNISHMENT:

NAME OF WITNESS \_\_\_\_\_

NAME OF PERSON ADMINISTERING PUNISHMENT \_\_\_\_\_

- Copy Distribution:
- White Copy — Teacher
- Yellow Copy — Principal
- Pink Copy — Parent
- Gold Copy — Administrator (if applicable)

APPROVED BY BOARD  
AND EFFECTIVE 8/13/87

