

## The Oaks Corporal Discipline Form Kindergarten – 5<sup>th</sup> grade

Our discipline policy includes the use of corporal discipline as a support to parental authority. When a child is being disciplined, the parents are involved at every step. Our desire is to serve parents, not replace them. This is true of the entire program at The Oaks, but it is particularly true of our discipline policy.

Parents can decide, however, not to have their child spanked at school. For parents who continue to desire to allow their children to receive corporal discipline at school, the policy remains as it has been previously stated and enacted. Should the parents choose not to have their child spanked, when a student exhibits behavior warranting corporal discipline, the parents will be called and asked to come to the school immediately to meet with the Headmaster or Head of School regarding the discipline situation. If the parents are unable to be reached immediately, the student's emergency contact will be called and asked to come to the school to pick up the child and take him/her home. The parents will be asked to meet with the Headmaster or Head of School regarding the discipline situation at the earliest possible time. If the parents and the emergency contact cannot be reached, the student will be removed from the classroom for the day or until contact is made with the parent or the emergency contact.

Please indicate your decision in relation to this issue by initializing below:

\_\_\_\_\_ I have read the above statement and choose to **allow** my student to be spanked by the Headmaster or Head of School according to The Oaks Discipline Policy in the Parent/Student Handbook (pg. 14 and 47) and Policy Manual (pg. 91-94).

\_\_\_\_\_ I have read the above statement and choose to **opt out** of having my student spanked. I understand my responsibility to come to the school immediately should my student exhibit behavior warranting corporal discipline, in order to meet with the Headmaster or Head of School; if I am unable to be reached, the child will be sent home with our emergency contact until a meeting can be arranged with the Headmaster or Head of School. If neither I nor our emergency contact can be reached, the child will be removed from the classroom until contact is made with me or our emergency contact.

\_\_\_\_\_  
Student Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Name(s) (Please Print all Parent Names – including step-parents where applicable)

\_\_\_\_\_  
Parent Signature(s) (All parents must sign)

\_\_\_\_\_  
Parent Signature(s) (All parents must sign)

\_\_\_\_\_  
Parent Signature(s) (All parents must sign)

\_\_\_\_\_  
Parent Signature(s) (All parents must sign)

**\*The parent's request will be honored until the office is otherwise notified.**

**For those who choose to opt out:** In the case that we are unable to reach you please fill out the information below.

Emergency Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ City/State: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ City/State: \_\_\_\_\_