



The Christian Academy of Winter Haven, Inc
P.O. Box 3515 Winter Haven, FL 33885

We Walk By Faith...Not By Sight

Elder Curtis White, Superintendent
Evangelist James Young, Jr., Administrator
Sister Ida Kilpatrick, Principal

Corporal Punishment

Parent Permission Form (2017-2018)

Please complete the following form and return to the school as soon as possible.

Student's name _____ Grade _____

We _____, the Parents/Legal Guardian of _____, Do HEREBY GIVE PERMISSION FOR OUR CHILD/CHILDREN TO RECEIVE CORPORAL PUNISHMENT.

Parents/Legal Guardian signature

Address: _____

Telephone Numbers: (Home) _____ (Cell) _____
(Work) _____

I, _____, the parent/ guardian of _____ request that my child does not receive corporal punishment. I prefer to be contacted to pick up my child **IMMEDIATELY (they will not be sent to ISS)**.

Signature of Parent/Guardian _____ Date _____

Mailing address _____ City/State/ Zip _____

Telephone Number _____

Email: cawinc528@gmail.com

School of Principles, Morals, and Dignity