

Alternative Academic Achievement Academy



Freda McArthur, Director of Admissions
Wilson H. Pierce, Director of Operations

16801 Dixie Highway
Hazel Crest, IL 60429

Phone: 708-206-0000
Fax: 708-957-5324

PERMISSION TO SEARCH PERSON AND EFFECTS

I, _____, hereby give my permission to the AAA Academy staff to search the person and effects of my child, _____.

I understand such search will be conducted whenever there is suspicion that he or she may be in possession of any weapon, drugs, or other dangerous or unlawful items.

I understand that such suspicion may be based on circumstantial, third party, or hearsay information, as well as direct observation.

I understand that such a search is done to protect the safety and well-being of my child and others.

Also, I understand that any illegal items or controlled substances found in such a search will be turned over to the local police so that they may take the appropriate steps.

Signature: _____ Date: _____
(parent/guardian)

I, _____, have read and understand the above procedure signed by my parent/guardian. and agree to comply with the procedure.

Signature: _____ Date: _____
(student)

Signature: _____ Date: _____
(witness)