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Blue Island, IL 60406
Phone: 708.206.0000
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SEARCH POLICY

I, _____ (Parent or Guardian), have received notification from AAA Academy that the staff will search the person and effects of my child, _____.

I understand such searches 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 make take the appropriate steps.

Signature: _____ Date: _____
(Parent/Legal Guardian)

I, _____ (student), 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)