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### ROSS COUNTY ALTERNATIVE CENTER

I, \_\_\_\_\_ give permission to assign my  
(Parent/Guardian Name)

son/daughter \_\_\_\_\_ to the Alternative Center. I  
(minor child's name)

have been informed that he/she must obey the rules as discussed  
by the Principal, be subjected to random searches by the Sheriff  
Department, Juvenile Court personnel and/or Alternative Center  
personnel and receive structured intervention services while at the  
center.

Signature \_\_\_\_\_

Date \_\_\_\_\_