



25 S. Third Street
Wilmington, NC 28401
910.762.7537

Director.Dayschool@stjamesp.org

STUDENT DATA SHEET ~ 2024-2025

STUDENT INFORMATION

FULL NAME: _____ GOES BY: _____

GENDER _____ DATE OF BIRTH: ____/____/____

MAILING ADDRESS _____

PHONE (Best number for call and/or text): _____ MAY WE TEXT YOU? Yes No

NAMES OF PEOPLE WHO ARE PERMITTED TO PICK UP YOUR CHILD:

PARENT 1:

NAME: _____ DAYTIME PHONE: _____

EMAIL: _____

PARENT 2:

NAME: _____ DAYTIME PHONE: _____

EMAIL: _____

EMERGENCY CONTACT INFORMATION: If the parents are not available, please list at least 2 people that should be contacted in an emergency situation. These contacts **MUST** be local.

CONTACT #1: _____ RELATIONSHIP TO STUDENT: _____

PRIMARY PHONE _____

CONTACT #2: _____ RELATIONSHIP TO STUDENT: _____

PRIMARY PHONE _____

ALLERGIES: Does this child have any allergies? Yes No

If "Yes," please explain: _____

Does your child require an Epi Pen or medication? _____

PHOTO PERMISSIONS: I, _____, hereby **DO** / **DO NOT** give permission for my child's image to be used in publications, on the St. James and St. James Day School websites and social media pages for the purpose of sharing information about the school and its programs.

Parent Signature _____ **Date** ____/____/____