



# SAINT JAMES CATHOLIC SCHOOL

401 Robinbrooke Blvd, Elizabethtown, KY 42701

Tel 270-765-7011 Fax 270-769-5745

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*A Tradition of Faith, Excellence, Community*

## STUDENT SHADOW

### Permission Form

*Please be sure to fill out all information*

I hereby give \_\_\_\_\_ permission to spend a Shadow Day at  
*Student's Full Name*

Saint James Catholic School on \_\_\_\_\_.  
*Date of visit mm/dd/yyyy*

Father/Male Guardian Name and Daytime Phone: \_\_\_\_\_

Mother/Female Guardian Name and Daytime Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Parent Email: \_\_\_\_\_

*(In the event that a parent/guardian cannot be reached)*

**Emergency Contact Name:** \_\_\_\_\_

**Emergency Contact Phone:** \_\_\_\_\_

Current School: \_\_\_\_\_ Grade: \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Parent/Guardian*

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