



Please mail application to:

Engineering Change
c/o Krista Ferrara
Don Callejon School
4176 Lick Mill Blvd.
Santa Clara, CA 95054

Student Application

STUDENT INFORMATION

Last name	First name	Middle initial
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Home address	City	State	Zip code
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Home phone	Birth date	Current grade level
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Current school	City	State
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PARENT INFORMATION

Parent/Guardian's name

Home address	City	State	Zip code
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(____) _____ Home phone	(____) _____ Cell phone	(____) _____ Work phone
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Email address: _____

First number to call in emergency: cell work home

Parent/Guardian's name

Please check here if address is the same as above

Home address	City	State	Zip code
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(____) _____ Home phone	(____) _____ Cell phone	(____) _____ Work phone
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Email address: _____

First number to call in emergency: cell work home