



Please mail application to:

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

## Student Application

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### *STUDENT INFORMATION*

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

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### *PARENT INFORMATION*

Parent/Guardian's name \_\_\_\_\_

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

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
(____) _____	(____) _____	(____) _____		
Home phone	Cell phone	Work phone		

Email address: \_\_\_\_\_

First number to call in emergency:     cell                       work                       home