

# Mercy High School Burlingame

## Shadow Form

Student's Name: \_\_\_\_\_

School: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Date(s) you would prefer to Shadow: \_\_\_\_\_

We know you will enjoy your special Shadow Day at Mercy.

**To Set up your Shadow Date - Please Contact:**

**Mary Lenigk, Adm. Asst. for Admissions at  
650.762.1115  
650.343.5529 (fax)  
mlenigk@mercyhsb.com**

**Form may also be mailed to:**

Mrs. Ellen Williamson, Director of Admission  
Mercy High School  
2750 Adeline Drive  
Burlingame, CA 94010  
650.762.1114