



**ELIZABETH SETON HIGH  
SCHOOL**

5715 Emerson Street Bladensburg,  
MD 20710  
(301) 864-4532

***RE-Registration Form***

**SID#** \_\_\_\_\_

**For Office Use Only:**

☐ Transfer Student?

**Registration Fee:** \$ \_\_\_\_\_ **Date:** \_\_\_\_\_

**Graduation Fee:** \$ \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name** \_\_\_\_\_  
Last First Middle

**Mailing Address** \_\_\_\_\_  
Street City State Zip+4

**Phone** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
month/day/year

**Student Cell Phone** ( ) \_\_\_\_\_

**Place of Birth** \_\_\_\_\_  
City State Zip

**Religious Affiliation** \_\_\_\_\_ **Church** \_\_\_\_\_  
Name City/State

**Name of Parent/Guardian** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Home Address** (If different from mailing address) \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Employer** \_\_\_\_\_  
Name City State Zip

**Occupation** \_\_\_\_\_ **Work Phone** ( ) \_\_\_\_\_ **Ext.** \_\_\_\_\_

**Email** \_\_\_\_\_ **Cell Phone** ( ) \_\_\_\_\_

**Name of Parent/Guardian** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Home Address** (If different from mailing address) \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Employer** \_\_\_\_\_  
Name City State Zip

**Occupation** \_\_\_\_\_ **Work Phone** ( ) \_\_\_\_\_ **Ext.** \_\_\_\_\_

**Email** \_\_\_\_\_ **Cell Phone** ( ) \_\_\_\_\_

**(See reverse side)**

**EMERGENCY CONTACT (Other Than Parent/Guardian):**

Name \_\_\_\_\_ Cell Phone (     ) \_\_\_\_\_

Relationship to student \_\_\_\_\_ Day Phone (     ) \_\_\_\_\_

**FOR THE ALUMNAE OFFICE:**

If a relative is a graduate of Elizabeth Seton High School, please list below:

Name	Relationship	Year of Graduation
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Name	Relationship	Year of Graduation
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Name	Relationship	Year of Graduation
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<input type="checkbox"/> Native American <input type="checkbox"/> African-American (non-Latina) <input type="checkbox"/> Latina <input type="checkbox"/> Bi-Racial (specify) _____ _____	<input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White	<input type="checkbox"/> US <input type="checkbox"/> Other Country  Visa Type _____ Expiration Date _____
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Name of person(s) with legal custody of this student: \_\_\_\_\_

With whom does this student reside:

☐ Both parents     ☐ Mother only     ☐ Father only     ☐ Alternates between mother and father☐ Guardian(s) (If so, indicate relationship)**I give \_\_\_\_\_/do not give \_\_\_\_\_ permission for my name and telephone number to be published in a student directory.**

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

DATE \_\_\_\_\_