



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 _____