

RE-REGISTRATION FORM**Elizabeth Seton High School****5715 Emerson Street****Bladensburg, MD 20710 (301-864-4532)****For Office Use Only:****Graduation Fee:** _____ **Date:** _____***Student Information***

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

County of Residence: _____ Birth date: _____

Home Phone: _____ Cell Phone: _____

Religious Affiliation: _____ Name and Location of Church: _____

Email: _____ Race: _____ Citizenship: _____

Student lives with: both parents _____ mother _____ father _____ Other (specify) _____

Student's legal guardian: both parents _____ mother _____ father _____ Other (specify) _____

Parent 1 Information Relationship to Student: _____

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

County of Residence: _____ Work Phone: _____

Home Phone: _____ Cell Phone: _____

Occupation: _____ Employer: _____

Parent Email Address: _____

Undergraduate School: _____ Degree: _____

Graduate School: _____ Degree: _____

Hobbies/Interests: _____

Parent 2 Information Relationship to Student: _____

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

County of Residence: _____ Work Phone: _____

Home Phone: _____ Cell Phone: _____

Occupation: _____ Employer: _____

Parent Email Address: _____

Undergraduate School: _____ Degree: _____

Graduate School: _____ Degree: _____

Hobbies/Interests: _____
_____**Emergency Contact When Parent Cannot Be Reached (put other than parents)**

1. Last Name: _____ First Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

2. Last Name: _____ First Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Alumnae Office: Relatives who graduated from Elizabeth Seton High School

Name: _____ Relationship to Student: _____ Year: _____

Name: _____ Relationship to Student: _____ Year: _____

Name: _____ Relationship to Student: _____ Year: _____

Parent Signature: _____ **Date:** _____