



ST. LOUIS IRISH ARTS

Registration Form

School Year 2014/2015

www.slia.org



COMHALTAS

Last Name _____

Fathers Name _____ Mothers Name _____

Address _____ Zip _____

Home Telephone No _____ Cell () - _____

Email Address _____

Student Name _____ DOB _____

Sibling Name _____ DOB _____

Sibling Name _____ DOB _____

Sibling Name _____ DOB _____

Sibling Name _____ DOB _____

Please list all family members above

Parents Occupation:

Mom _____ Company _____

Dad _____ Company _____

Emergency Contact Name & No. _____

Checks should be made payable to SLIA School

Please mail to: SLIA 7480 Whitehaven Dr. St. Louis, MO 63123