

Koraes Elementary School
SS. Constantine and Helen Greek Orthodox Church
11025 Roberts Road, Palos Hills, IL 60465
Phone: 708.974.3402 Fax: 708.974.0179
www.koraes.org
Faith, Family and Excellence in Education Since 1910

New Family Application 2025-2026

Father's Full Name: _____

Home Address: _____

Cell Number: _____ Email Address: _____

Mother's Full Name: _____

Home Address: _____

Cell Number: _____ Email Address: _____

Child Name: _____ DOB: _____ Grade Entering: _____

Child Name: _____ DOB: _____ Grade Entering: _____

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Child Name: _____ DOB: _____ Grade Entering: _____

Public Elementary School

District name and number: _____

Name of Church: _____

Does your family attend church more than twice a month: YES _____ NO _____

Child(ren) Baptized Orthodox: YES _____ NO _____

Primary language spoken at home: _____

Second language spoken at home: _____

Have any family members attended Koraes? YES _____ NO _____

If YES, please write the names of those who attended and the graduation year.

Why is an Orthodox education important to your family?

Please explain the reason(s) for choosing Koraes Elementary School as the education choice for your child(ren).

What are your expectations for Koraes Elementary School?

How did you hear about Koraes Elementary School?

Were you referred by a current Koraes family? YES _____ NO _____

If YES, please write the family name _____

Kindergarten Enrollment

(Student must be 5 years of age on or before September 1, 2025)

Has your child attended preschool? YES _____ NO _____

If YES, name and address of preschool and attended for how long?

(If you have a report card from a previous preschool, please submit a copy to Koraes)

Does your child spend time looking at books? YES _____ NO _____

Do you read to your child? YES _____ NO _____

Is your child able to remember songs and rhymes? YES _____ NO _____

Has your child had experience with scissors? YES _____ NO _____

Is your child right or left handed? LEFT _____ RIGHT _____ NO DOMINANCE YET _____

Does your child follow toileting and washing routines independently? YES _____ NO _____

If NO, please indicate which routines are still developing:

Has your child ever been evaluated by a professional? YES _____ NO _____

(Speech Therapist, OT, PT, Behavioral Specialist, Psychologist, etc.)

If YES, please provide reason for evaluation:

Name of service provider: _____

Date of services: _____

Is your child currently receiving any services now? YES _____ NO _____

Does your child currently have an IEP? YES _____ NO _____

Does your child currently have a 504 Plan? YES _____ NO _____

If YES, please attach a copy of the most recent evaluation or plan.

Transfer Student(s) Only K-8

(Please list all previous schools attended, including home school and for what grades attended)

School Name _____ Grade(s) _____

School Name _____ Grade(s) _____

School Name _____ Grade(s) _____

School Name _____ Grade(s) _____

School Name _____ Grade(s) _____

School Name _____ Grade(s) _____

Has your student repeated a grade?

YES _____ NO _____

If YES, which grade: _____

Has the student ever been suspended, expelled, denied re-enrollment, counseled not to return to a school or 504 plan or any formalized educational plan?

YES _____ NO _____

If YES, please explain:

Has your child received birth to 3 years old services?

YES _____ NO _____

If YES, please explain:

Has the student ever had or has an IEP, ISP, 504 or any other formalized educational plan?

YES _____ NO _____

Has your child ever received formal intervention services?

YES _____ NO _____

Has your child ever received English as a Second Language services?

YES _____ NO _____