

Koraes Elementary School
New Family Application
School Year 2022-2023

Father's Name: _____ Email Address: _____

Home Address: _____

Home Number: _____ Cell Number: _____

Mother's Name: _____ Email Address: _____

Home Address: _____

Home Number: _____ Cell Number: _____

Child Name: _____ DOB: _____ Grade: _____

Child Name: _____ DOB: _____ Grade: _____

Child Name: _____ DOB: _____ Grade: _____

Public Elementary School

District Name: _____ District Number: _____

Family Church Affiliation: _____

Child(ren) Baptized Orthodox: YES ___ NO ___

If YES, Church Name: _____

Does your family attend church more than twice a month: 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, 2022

Has your child attended preschool? YES ___ NO ___

If YES, for how long? _____

Name of preschool attended: _____

(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? (Speech Therapist, OT, PT, Behavioral Specialist, Psychologist, etc.) YES ___ NO ___

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: _____ Grade(s): _____

School: _____ Grade(s): _____

School: _____ Grade(s): _____

School: _____ Grade(s): _____

School: _____ Grade(s): _____

School: _____ 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 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 ___