



St. Spyridon Hellenic Orthodox Church

**Plutarchos Hellenic Language & Heritage Academy**

12307 Ridgeland Ave, Palos Heights, IL 60463

TEL: (708) 385-2311 • FAX: (708) 385-0166 • E-MAIL: OFFICE@SAINT-SPYRIDON.NET

## Plutarchos Application Form 2024-25

### Family Information

Last Name \_\_\_\_\_ E-mail \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Current St. Spyridon Stewards (Yes/No): \_\_\_\_\_

### Students to be enrolled for 2024-25 school year (PreK – 6<sup>th</sup> & Ellinomatheia)

Please provide the names, birthdates, and most recent Greek School grades of the students. If they haven't attended Greek School before, please use N/A as grade.

<u>Student Name</u>	<u>Birthdate</u>	<u>Most recent Greek School Grade</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

**Application Fee:** \$100 per family (must be paid with this application). It will be applied to tuition once enrolled.

Make checks payable to St. Spyridon Church (Memo: Plutarchos Academy).

Submit application to the church office.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**To be completed ONLY by Office Personnel**

2024 stewardship number:# \_\_\_\_\_

Received \$ \_\_\_\_\_ Balance Due \$ \_\_\_\_\_

Cash \$ \_\_\_\_\_ Check# \_\_\_\_\_ Credit Card \$ \_\_\_\_\_ Date: \_\_\_\_\_