



# COLE ACADEMY

1915 W. Mt. Hope Ave.

Lansing, MI 48910

Phone 517.372.0038

Fax 517.372.1446

[www.coleacademy.org](http://www.coleacademy.org)

Dear Future Husky,

We are so pleased you have chosen our school for your child’s future! Enclosed in this packet you will find many important documents. Your application to Cole Academy is **NOT** considered complete and does not secure you a seat until **ALL** the following items are received. Please complete each form carefully and return to the school by Thursday, March 14, 2024. Incomplete applications will not be considered. If there are more applications than seats available, a lottery will take place on Thursday, March 21, 2024 @ 4 pm at the Cole Academy East location.

Kindergarten Checklist	1 <sup>st</sup> Grade – 5 <sup>th</sup> Grade Checklist
<ul style="list-style-type: none"> <li><input type="checkbox"/> Enrollment Application</li> <li><input type="checkbox"/> Home Language Survey</li> <li><input type="checkbox"/> Kindergarten Development History</li> <li><input type="checkbox"/> Kindergarten Behavior History Request</li> <li><input type="checkbox"/> Proof of Residency (copy of driver’s license or current utility bill)</li> <li><input type="checkbox"/> Copy of original birth certificate</li> <li><input type="checkbox"/> Copy of immunizations records from the Health Department</li> <li><input type="checkbox"/> Oral Health Screening</li> <li><input type="checkbox"/> Vision Screening or future date in which your child is scheduled to get vision tested.</li> <li><input type="checkbox"/> Consent for Disclosure of Immunization Information (FERPA)</li> <li><input type="checkbox"/> Current IEP Documentation (If applicable)</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Enrollment Application</li> <li><input type="checkbox"/> Home Language Survey</li> <li><input type="checkbox"/> CA60 Records Request</li> <li><input type="checkbox"/> Verification of Educational Records:               <ul style="list-style-type: none"> <li>○ <u>MUST</u> be signed by current school administrator</li> <li>○ <u>MUST</u> include a copy of most recent report card</li> <li>○ <u>MUST</u> include attendance records</li> </ul> </li> <li><input type="checkbox"/> Proof of Residency (copy of driver’s license or current utility bill)</li> <li><input type="checkbox"/> Copy of original birth certificate</li> <li><input type="checkbox"/> Copy of immunizations records from the Health Department</li> <li><input type="checkbox"/> Consent for Disclosure of Immunization Information (FERPA)</li> <li><input type="checkbox"/> Current IEP Documentation (If applicable)</li> </ul>

Thank you for partnering with Cole Academy for your child’s education. You can reach the office staff at (517) 372.0038 if you have any questions or concerns. Thank you again and welcome to our Cole Academy family!

Educationally Yours,

Felicia Robinson, Principal





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**FOR OFFICE USE ONLY-- Missing Forms:**  
 All: BC Imm Res. HL IEP  
 K-Only: Vision KBH  
 1<sup>st</sup>-5<sup>th</sup> Only: VER Rec  
 Other: Release Auth. Cust/Guard  
MedRelease Meds Dietary

## 2024/2025 ENROLLMENT APPLICATION

### STUDENT INFORMATION

Child Name \_\_\_\_\_

*Last*

*First*

*M.I.*

Birth Date \_\_\_\_\_

Boy Girl

### Student's Mailing Address:

Street/# \_\_\_\_\_

City, Zip \_\_\_\_\_

County: Ingham Eaton Other \_\_\_\_\_

What school **DISTRICT** do you currently **live in**? \_\_\_\_\_

Student's Primary Phone# \_\_\_\_\_ Mom Dad Other

### Grade Student **Applying For/Entering:**

K 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup>

- Has your child ever been retained? Yes No
- Has your child's school ever recommended retention and you refused? Yes No
- Has your child ever been suspended or expelled from school? No Yes—(If yes-Please explain on separate piece of paper.)

*\*Cole Academy schools reserve the right to decline admission to students who have been suspended or in the process of being suspended from another school district.*

- Does your child have an Individual Education Plan (I.E.P.), Special Ed  Yes -Please list Primary Disability\_\_\_\_\_

Child's ethnic group: *check all that apply*

- Hispanic or Latino Heritage Black or African American Asian American  
American Indian or Alaska Native White

Names & grades of other siblings attending Cole Academy:

Name	Grade

Name	Grade

With whom does your child reside? \_\_\_\_\_  
 (i.e. parent(s), grandparent, aunt, etc.)

Is your child currently homeless? (i.e. family living w/ another family, hotel, temporary housing) Yes No

Is this child a Foster Child? Yes No

Are there custody or guardianship restrictions that we need to be aware of and have copies for our files? Yes No

**CONTACT INFORMATION**

**Mother's Name** \_\_\_\_\_  
Last First  
Address (If different than student's mailing address) \_\_\_\_\_  
Street number & name  
\_\_\_\_\_  
City/State/Zip  
Phone #1 \_\_\_\_\_ cell work  
Phone #2 \_\_\_\_\_ cell work  
Email \_\_\_\_\_

**Father's Name** \_\_\_\_\_  
Last First  
Address (If different than student's mailing address) \_\_\_\_\_  
Street number & name  
\_\_\_\_\_  
City/State/Zip  
Phone #1 \_\_\_\_\_ cell work  
Phone #2 \_\_\_\_\_ cell work  
Email \_\_\_\_\_

**Emergency Contact #1**  
Name \_\_\_\_\_  
Last First  
Relationship to child: Step-Parent Grandmother Grandfather Other \_\_\_\_\_  
Phone # \_\_\_\_\_

**Emergency Contact #2**  
Name \_\_\_\_\_  
Last First  
Relationship to child: Step-Parent Grandmother Grandfather Other \_\_\_\_\_  
Phone # \_\_\_\_\_

How did you hear about Cole Academy? \_\_\_\_\_

\*If all seats are full at the Lansing campus, I would consider enrollment at the East campus: Yes No

By signing this form, I am accepting enrollment for my child.

\_\_\_\_\_  
*Parent/ Guardian Signature*

\_\_\_\_\_  
*Date*

*\*Failure to respond or untruthful responses may result in refusal of this application.*

*The Academy prohibits all forms of discrimination, including discrimination on the basis of sex, sex based harassment, sex stereotypes, sex characteristics, pregnancy or related conditions, sexual orientation and gender identity in its education programs or activities.*



**COLE ACADEMY**  
**STATE BOARD OF EDUCATION APPROVED**  
**HOME LANGUAGE SURVEY\***

**Cole Academy** is collecting information regarding the language background of each of its students. The information will be used by the district to determine the number of children who should be provided bilingual instruction according to Sections 380.1152-380.1157 of the School Code of 1995, Michigan's Bilingual Education Law. Would you please help by providing the following information?

Thank you very much for your cooperation.

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Cole Academy

1. Is your child's native tongue a language **other than** English?

Yes  No

What is the language? \_\_\_\_\_

2. Is the primary language used in your child's home or environment a language **other than** English? (*\*Primary language means the dominant language used by a person for communication.*)

Yes  No

What is the language? \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

*Translation of this survey form in Spanish, Arabic, French, Italian & Ojibwa is available at the Office of Field services at 517.373.6066.*





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## KINDERGARTEN DEVELOPMENTAL HISTORY

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First M.I.

Does your child have a current Individual Education Plan (I.E.P.) or other special accommodations?

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### Siblings within the Child's Home

Names & Age/Grade

_____	_____
_____	_____
_____	_____

Are there any issues at home that would help us understand your child better? \_\_\_\_\_

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Any concerns with how your child will eat at school? \_\_\_\_\_

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**Please go to side 2**

How would you describe your child as a student? \_\_\_\_\_

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What would you say are some of your child's strengths? \_\_\_\_\_

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What would you say will cause your child the most difficulty? \_\_\_\_\_

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Anything else you would like us to know? \_\_\_\_\_

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## KINDERGARTEN BEHAVIOR HISTORY REQUEST

### TO BE COMPLETED BY PARENT/GUARDIAN

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please provide the names and or location of your child's Preschool Program:

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Please check the appropriate box:

Great Start Readiness Program (GSRP)     Head Start     Preschool     Other \_\_\_\_\_

### TO BE COMPLETED BY PRESCHOOL, HEADSTART OR GSRP:

Dear Pre-School Administrator, please provide the following information regarding the student mentioned above who attends your program.

Has this student had a history of violent behavior towards themselves, teachers, or other students?     Yes     No

If yes, please explain or attach documentation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has this student's behavior resulted in an individualized behavior plan of any sort?     Yes     No

If yes, please explain or attach documentation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Signature of School Administrator*

\_\_\_\_\_  
*School Name/District*

\_\_\_\_\_  
*Printed Name of Administrator*

\_\_\_\_\_  
*Phone Number*

\_\_\_\_\_  
*Date*



## ***Cole Academy***

### **FERPA Consent for Disclosure of Immunization Information to Local and State Health Departments**

Immunizations are an important part of keeping our children healthy. Schools and State and Local health departments must monitor immunization levels to ensure that all communities are protected from potentially life-threatening diseases and, if necessary, respond promptly to an emerging public health threat. It is important that disease threats be minimized through the monitoring of students being immunized.

Sharing immunization and personally identifiable information including the students name, Date of Birth, gender, and address with local and state health departments will help to keep your child safe from vaccine preventable diseases. The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g, requires written parental consent before personally identifiable information from your child’s education records is disclosed to the health department. If your child is 18 or over, he or she is an “eligible student” and must provide consent for disclosures of information from his or her education records.

You may withdraw your consent to share this information in writing at any time.

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*I authorize \_\_\_\_\_ Cole Academy \_\_\_\_\_ to release my child’s immunization record to the Michigan Department of Health and Human Services and Local Health Department. I understand this information will be used to improve the quality and timeliness of immunization services and to help schools comply with Michigan Law. This includes any immunization information and limited personally identifiable information from the school.*

Student’s Name: \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_

Grade \_\_\_\_\_

Signature of Parent/Guardian  
or Eligible Student: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Printed Parent/Guardian Name: \_\_\_\_\_

