



COLE ACADEMY

1915 W. Mt. Hope Ave.

Lansing, MI 48910

Phone 517.372.0038

Fax 517.372.1446

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 16, 2023. Incomplete applications will not be considered. If there are more applications than seats available, a lottery will take place on Thursday, March 23, 2023 @ 4 pm.

Kindergarten Checklist

- Enrollment Application
- Home Language Survey
- Education Benefits Form
- Kindergarten Readiness Assessment (KRA)
- Kindergarten Development History
- Kindergarten Behavior History Request
- Proof of Residency (copy of driver's license or current utility bill)
- Copy of original birth certificate
- Copy of immunizations records or current year stamped waiver from the Health Department
- Vision Screening or future date in which your child is scheduled to get vision tested.

1st Grade – 5th Grade Checklist

- Enrollment Application
- Home Language Survey
- Education Benefits Form
- Records Request
- Discipline & Attendance History:
 - o MUST be signed by current school administrator
 - o MUST include a copy of most recent report card
 - o MUST include attendance records
- Proof of Residency (copy of driver's license or current utility bill)
- Copy of original birth certificate
- Copy of immunizations records or current year stamped waiver from the Health Department.

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,

Traci LaDue, Principal

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.



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.

EDUCATION BENEFITS FORM SY 2023 - 2024

District: COLE ACADEMY School: COLE ACADEMY

Part A: STUDENT INFORMATION - Complete for each student Pre-K through 12th Grade

Student's Last Name	Student's First Name	Grade Level	School	Identify H if Homeless M if Migrant R if Runaway F if Foster

Part B: BENEFITS RECEIVED (if applicable)

If any member of your household receives Food Assistance Program (FAP), Family Independence Program (FIP), or FDP/IR, provide the name and case number for the person who receives benefits. Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers.

Name: _____ Case Number: _____

Part C: HOUSEHOLD SIZE	Part D: ANNUAL HOUSEHOLD INCOME - Select the appropriate range of combined annual income for all people in the household (Include all income before taxes)		
<input type="checkbox"/> 1 →	<input type="checkbox"/> At or below \$18,954	<input type="checkbox"/> Between \$18,955 and \$26,973	<input type="checkbox"/> At or above \$26,974
<input type="checkbox"/> 2 →	<input type="checkbox"/> At or below \$25,636	<input type="checkbox"/> Between \$25,637 and \$36,482	<input type="checkbox"/> At or above \$36,483
<input type="checkbox"/> 3 →	<input type="checkbox"/> At or below \$32,318	<input type="checkbox"/> Between \$32,319 and \$45,991	<input type="checkbox"/> At or above \$45,992
<input type="checkbox"/> 4 →	<input type="checkbox"/> At or below \$39,000	<input type="checkbox"/> Between \$39,001 and \$55,500	<input type="checkbox"/> At or above \$55,501
<input type="checkbox"/> 5 →	<input type="checkbox"/> At or below \$45,682	<input type="checkbox"/> Between \$45,683 and \$65,009	<input type="checkbox"/> At or above \$65,010
<input type="checkbox"/> 6 →	<input type="checkbox"/> At or below \$52,364	<input type="checkbox"/> Between \$52,365 and \$74,518	<input type="checkbox"/> At or above \$74,519
<input type="checkbox"/> 7 →	<input type="checkbox"/> At or below \$59,046	<input type="checkbox"/> Between \$59,047 and \$84,027	<input type="checkbox"/> At or above \$84,028
<input type="checkbox"/> 8 →	<input type="checkbox"/> At or below \$65,728	<input type="checkbox"/> Between \$65,729 and \$93,536	<input type="checkbox"/> At or above \$93,537

*** Special Instructions for households with more than 8 people: DO NOT check the boxes above. Instead, fill in items below:**

Household size (# people): _____ Total annual income: _____

Part E: CERTIFICATION - The head of household or adult designee who completed this form must complete this certification section

I certify (promise) that all information on this form is true and that all income is reported to the best of my knowledge. I understand that this form may impact the amount of State or Federal funding allocated to my local school district. I understand that the information I have provided may be verified.

(Signature) _____ (Printed Name) _____ (Date) _____

(Address) _____ (City) _____ (Zip) _____

(Email Address) _____ (Home Phone) _____ (Work Phone) _____

Do NOT fill out this section. This is for school use only.

Status: F _____ R _____ N _____ Determining Official's Signature: _____ Date: _____

INSTRUCTIONS FOR COMPLETING THE EDUCATION BENEFITS FORM

This form is used to determine eligibility for state benefits for which your child(ren)'s school may qualify. Please complete, sign, and return this form to your child's school.

If any member of your household receives benefits from the Food Assistance Program (FAP), Family Independence Program (FIP), or FDPIR, please follow these instructions:

Part A: Student Information – For each student in the household Pre-K through 12th grade, list the last name, first name, grade level, school, and H if homeless, M if Migrant, R if Runaway or F if a Foster Child.

Part B: Benefits Received – If any household member, including adults, receives Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR), provide the name and case number. Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers.

Part C: Household Size - Check the box for the total number of individuals living in your household. This should include all children and adults, related and un-related, that live in a single dwelling and share income and expenses.

Part D: Annual Household Income – Skip this part

Part E: Certification - Sign the form. Print your name and date.

If your household does not receive benefits from the Food Assistance Program (FAP), Family Independence Program (FIP), or FDPIR, please follow these instructions:

Part A: Student Information - For each student in the household Pre-K through 12th grade, list the last name, first name, grade level, school, and H if homeless, M if Migrant, R if Runaway or F if a Foster Child.

Part B: Benefits Received – Skip this part

Part C: Household Size – Check the box for the total number of individuals living in your household. This should include all children and adults, related and un-related, that live in a single dwelling and share income and expenses.

Part D: Annual Household Income – Moving across the same row as the household size check box, check the box that shows the range of annual income for all people in your household. Make sure to include all of the following income sources: work, welfare, child support, alimony, pensions, retirement, Social Security, SSI, VA benefits, child income and/or all other income. The amount should be before any deductions for taxes, insurance, medical expenses, child support, etc.

Part E: Certification - Sign the form. Print your name, date, and contact information.



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RECORDS REQUEST – PERMISSION TO RELEASE

Previous School Attended _____

Address _____

Phone _____ Fax _____

Registrar/Secretary Email: _____

The following student(s) have enrolled at Cole Academy. **Please send all cumulative, health, special education and psychological records for this student.** (CA60 request)

Expected start date at Cole Academy East: _____

Name _____ Grade _____ UIC _____

Name _____ Grade _____ UIC _____

Name _____ Grade _____ UIC _____

I hereby authorize the release of each child's school records to Cole Academy according to the Federal Educational Rights and Privacy Act.

Signature

Date



Cole Academy

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DISCIPLINE & ATTENDANCE HISTORY AUTHORIZATION

Child's Name: _____ Date of Birth: _____ Current Grade: _____

I give permission for the release of information to Cole Academy regarding all attendance records, report cards, in-school & out-of-school suspensions and expulsions within the past two (2) years.

Parent/Guardian Signature

Date

Schools Attended in the past two (2) years:

Name, City, State -- Phone and Fax Number:

School Year(s) Attended:

Dear School Administrator,

Please provide the following information regarding the above student, who attends/attended your school.

(1) MOST RECENT REPORT CARD (2) ATTENDANCE RECORDS (3) DISCIPLINE (below)

*Has this student had any in/out-of-school suspensions from your school/district in the past two (2) years? Yes No *If yes, please attach documentation

*Has this student ever been expelled from your school/district?
 Yes No *If yes, please attach documentation

Signature of School Administrator

Date

Printed Name of Administrator

School Name/District

