



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
- Household Information Report
- Kindergarten Readiness Assessment (KRA)
- Kindergarten Development History
- Kindergarten Behavior History Request
- 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
- Household Information Report
- 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
- 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 EAST

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.

Student Name _____ Grade _____ Age _____

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.

INSTRUCTIONS FOR COMPLETING THE HOUSEHOLD INFORMATION REPORT

This report 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: Size of Family - Enter 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: Total Monthly 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: Size of Family - Enter 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: Total Monthly Household Income - Enter monthly income for all household members for each type of income that applies. The amount should be before any deductions for taxes, insurance, medical expenses, child support, etc. If you have no income for a category, circle NONE. Add lines though 1 through 6 and enter the Total Monthly Household Income.

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



Cole Academy
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Lansing, Michigan 48910
Phone: 517.372.0038
Fax 517.372.1446

Cole Academy East
2921 E. Coleman Road
East Lansing, Michigan 48823
Phone: 517.580.3470
Fax 517.885.2237

Kindergarten Readiness Assessment 2023 Information for Families:

Cole Academy is working to improve the way we gather information about kindergarten students at the beginning of the school year. This work is happening in conjunction with several other states, and in partnership with the Michigan Department of Education and the Johns Hopkins University Center for Technology in Education.

What is the purpose of the Kindergarten Readiness Assessment (KRA)? The KRA will help school districts better understand how to gather information about students' skills and behaviors at the start of kindergarten. The results from the KRA will not be used to evaluate your child's performance but can be used by teachers to inform instruction for the entire class.

When will the Kindergarten Readiness Assessment take place? The KRA will take place between the beginning of the school year and late October.

What will your child be asked to do? Your child's teacher will lead him/her through a series of activities and questions. The teacher will also observe your child's behavior during the normal daily routine. All activities and questions have been developed specifically for children who are just entering kindergarten.

How will data be collected and used? All the information that will be collected about your child will be kept confidential and in a secure location. No identifying information about your child will be shared.

If you have any questions about the Kindergarten Readiness Assessment, please contact Mrs. Traci LaDue at 517.372-0038.

To assist us, please have the most complete information about your child and return it to Cole Academy.

Name of Local School District: _____ Name of Child's Teacher _____

Child's First Name: _____ Middle Name: _____ Last Name: _____

Child's Date of Birth: _____

What was your child's primary form of care in the last year? (Check up to 3 relevant choices). If the child was primarily at home during the last year, please check **No Prior Care**.

Great Start Readiness Program (GSRP) (State funded program age 4 by Sept 1st)

Head Start (Federally funded program ages 3 & 4)

Early Childhood Special Education Classroom (School based preschool for students with special needs or an IEP)

Young Fives/Developmental Kindergarten (Plan is for child to attend regular Kindergarten next year)

Child Care-Home Based (Operated out of a private home)

Private Child Care Center (Commercial business that may be independent or part of a chain)

Registered Family/Relative Child Care (Family or relative care provider receiving state assistance to provide care)

Tuition-Based Preschool (Full or half day of instruction and learning)

No Prior Care Program (Stay at home for care)

Kindergarten (Child has been retained for a second year of kindergarten)

Due to the pandemic, my child attended the above programs at least half of the school year:

In Person Virtual / Online Hybrid Chose to Stay Home Due to Pandemic

Office use only - Data Manager Note: Y=Yes and N=No in data fields (1 Letter only)



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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?

Siblings within the Child's Home

Names & Age/Grade

_____	_____
_____	_____
_____	_____

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

Any concerns with how your child will eat at school? _____

Please go to side 2

How would you describe your child as a student? _____

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

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

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 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

