



# COLE ACADEMY EAST

2921 E. Coleman Rd  
East Lansing, MI 48823  
Phone 517.580.3470  
Fax 517.885.2237  
[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 East 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.

## 1<sup>st</sup> Grade – 5<sup>th</sup> 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 East for your child's education. You can reach the office staff at (517) 580-3470 if you have any questions or concerns. Thank you again and welcome to our Cole Academy East family!

Dr. Sarah Thomas  
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 East? \_\_\_\_\_

\*If all seats are full at the East campus, I would consider enrollment at the Lansing 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.*

# HOUSEHOLD INFORMATION REPORT SY 2023 - 2024

District: Cole Academy

School: (circle one) Cole Academy or Cole Academy East

To determine eligibility for various additional state and federal program benefits that your school may qualify for, please complete, sign and return this report to your student's school – Cole Academy or Cole Academy East.

**These sections must be completed by the head of household or designee.**

**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

If you need additional lines, attach a second sheet to this report or attach a copy of this report clearly marked as a **Page 2**.

**PART B: BENEFITS RECEIVED** - If **any member** of your household receives Food Assistance Program (FAP), Family Independence Program (FIP), or FDPPIR, 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: SIZE OF FAMILY** - Enter the total number of individuals living in your household, including all adults and children → \_\_\_\_\_

**PART D: TOTAL MONTHLY HOUSEHOLD INCOME** – Report income for all members of household excluding Foster Children. If you have reported a case number above, you do not need to fill in this section. Simply sign and date form.

Type of Income	Income	Circle if None
1. Gross Monthly Earnings: Wages, Salary, Commissions	\$	None
2. Monthly Welfare Payments, Child Support, Alimony	\$	None
3. Monthly Payments from Pensions, Retirement, Social Security	\$	None
4. Monthly Dividends or Interest on Savings	\$	None
5. Monthly Worker's Compensation, Unemployment, Strike Benefits	\$	None
6. Other Monthly Income (SSI, VA, Disability, Farm, other)	\$	None
<b>Total Monthly Household Income</b> (Add lines 1-6)	\$	

**PART E: SIGNATURE** - I certify (promise) that all information on this report is true and that all income is reported. I understand that the school will get federal/state funds based on the information I give. I understand that school officials may verify (check) the information.

\_\_\_\_\_  
(Signature) (Printed Name) (Date)

\_\_\_\_\_  
(Address) (City) (Zip)

\_\_\_\_\_  
(Home Phone) (Work Phone) (Email Address)

**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 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 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.*







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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





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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 East 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

