



# 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 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.

## 1<sup>st</sup> Grade – 5<sup>th</sup> 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





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**FOR OFFICE USE ONLY-- Missing Forms:**  
Disc Rec BC Imm Release  
Cust/Guard MedRelease Meds  
Dietary IEP HL HB  
 K-Only: Vision KRA

## 2023/2024 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? \_\_\_\_\_

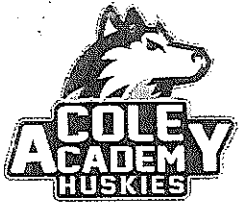
\*If all seats are full at the Lansing campus, I would consider enrollment at the East campus:  Yes  No

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.*



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 FDPIR, 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.





**Cole Academy**  
 1915 W. Mount Hope  
 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)

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 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*

