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 13, 2025. Incomplete applications will not be considered. If there are more applications than seats available, a lottery will take place on Thursday, March 20, 2025 @ 4 pm at the Cole Academy East campus.

Kindergarten Checklist	**1st Grade – 5th Grade Checklist**
❑ Enrollment Application ❑ Home Language Survey ❑ Kindergarten Development History ❑ Kindergarten Behavior History ❑ Proof of Residency (copy of driver's license or current utility bill) ❑ Copy of original birth certificate ❑ Copy of immunizations records from the Health Department ❑ Oral Health Screening ❑ Vision Screening or future date in which your child is scheduled to get vision tested. ❑ Consent for Disclosure of Immunization Information (FERPA) ❑ Current IEP Documentation (If applicable)	❑ Enrollment Application ❑ Home Language Survey ❑ CA60 Records Request ❑ Verification of Educational Records: ○ MUST be signed by current school administrator ○ MUST include a copy of most recent report card ○ 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 from the Health Department ❑ Consent for Disclosure of Immunization Information (FERPA) ❑ Current IEP Documentation (If applicable)

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!

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FOR OFFICE USE ONLY-- Missing Forms:
All: ❑BC ❑Imm ❑Res. ❑HL ❑IEP/SPED ❑Cust/Guard
K-Only: ❑Vision ❑KBH ❑Oral
1st-5th Only: ❑VER ❑Rec

2025/2026 ENROLLMENT APPLICATION

STUDENT INFORMATION

Child Name_____
Last *First* *M.I.*

Birth Date_____ ❑Male ❑Female

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 ❑1st ❑2nd ❑3rd ❑4th ❑5th

- 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__

_____

- Has your student ever had any of the following services? ❑Speech ❑ABA Therapy ❑O.T. ❑P.T. ❑Therapy ❑CMH ❑ECSE

❑ **If none of the above services apply, please check this box.**

Child's ethnic/race 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_____

List any party restrictions (i.e. Christmas, Halloween, etc.)_____

_____

Will your child be walking to or from school? ❑ Yes ❑No

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 in its educational programs and activities.

Cole Academy is authorized by the Central Michigan University Board of Trustees and receives Educational Management Services from CS Partners.

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.

Student Name _____ Grade_____ Age _____

Michigan welcomes families of all language backgrounds. Speaking more than one language is a valuable asset! Please answer the two questions below. If your response to either question is a language other than English, the school district will give an assessment to see if your student may benefit from English language support.

What language is used most at home? _____

What language is used most by the student? _____

Was the student born outside of the US or Puerto Rico? o Yes o No

If yes, when did the student enter the US schools? _____

_____
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.

Rev. 2/22/25

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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?

_____

_____

Has your student ever had any of the following services? ❑Speech ❑ABA Therapy ❑O.T. ❑P.T. ❑Therapy ❑CMH ❑ECSE

❑ **If none of the above services apply, please check this box.**

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?

KINDERGARTEN BEHAVIOR HISTORY

Child's Name_____Birth Date_____

Please provide the names of school and district, as well as the address:

_____Phone:_____

Please check all boxes that apply. Has your student ever attended any of the following:

❑Great Start Readiness Program (GSRP) ❑Head Start ❑Preschool ❑ Daycare ❑ Taken Kinder (Repeat) ❑ECSE ❑Other_____

Has your student ever had any of the following services? ❑ Speech ❑ABA Therapy ❑ OT ❑PT ❑ Therapy ❑ CMH

If your scholar has NEVER had any of the above services, please check this box ❑

**THIS SECTION IS TO BE COMPLETED BY CHILD'S CURRENT OR PREVIOUS SCHOOL/PRESCHOOL/DAY CARE/GSRP

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

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 ever been suspended? ❑ Yes ❑No Has this student ever been expelled? ❑ Yes ❑No

Does this student have a 504? ❑ Yes ❑No Does this student have an IEP? ❑ Yes ❑No

Has this student been absent 10% or more of the enrolled days? ❑ Yes ❑No

If yes, please explain or attach documentation:_____

_____

_____ _____ _____

Signature of School Administrator Phone # Date

_____ _____

Printed Name of Administrator School Name/District

Revised: 2/22/25

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.

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: _____

MDHHS-6067, KINDERGARTEN ORAL HEALTH ASSESSMENT

Michigan Department of Health and Human Services (MDHHS)
(New 8-23)

SECTION 1 – STUDENT INFORMATION

Child's Name (Last, First, Middle)	Date of Birth
Address (Number, Street, City, Zip Code)	Home/Cell Phone Number
Parent/Guardian Name (Last, First, Middle)	Parent/Guardian Email
School Name	

SECTION 2 – DENTAL EXAM OR ASSESSMENT RECOMMENDATIONS
(Licensed dental professional must complete this section)

Date of Service	Type of Service ☐ Dental Exam ☐ Dental Assessment
Findings (Check all that apply) ☐ No findings ☐ Treated decay ☐ Untreated decay	Recommendations (Check **one**) ☐ Routine care ☐ Referral for dental treatment ☐ Referral for urgent dental care
Provider Type (Check **one**) ☐ Dentist	☐ Dental Therapist ☐ Dental Hygienist
Provider Signature	Agency/Local Health Department
Provider Name (Print)	Phone Number
Additional Comments	

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group on the basis of race, national origin, color, sex, disability, religion, age, height, weight, familial status, partisan considerations, or genetic information. Sex-based discrimination includes, but is not limited to, discrimination based on sexual orientation, gender identity, gender expression, sex characteristics, and pregnancy.