



COLE ACADEMY EAST

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

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 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 our East campus.

Kindergarten Checklist	1st Grade – 5th Grade Checklist
<ul style="list-style-type: none"> <input type="checkbox"/> Enrollment Application <input type="checkbox"/> Home Language Survey <input type="checkbox"/> Kindergarten Development History <input type="checkbox"/> Kindergarten Behavior History <input type="checkbox"/> Proof of Residency (copy of driver's license or current utility bill) <input type="checkbox"/> Copy of original birth certificate <input type="checkbox"/> Copy of immunizations records from the Health Department <input type="checkbox"/> Vision Screening or future date in which your child is scheduled to get vision tested. <input type="checkbox"/> Oral Health Screener <input type="checkbox"/> Consent for Disclosure of Immunization Information (FERPA) <input type="checkbox"/> Current IEP Documentation (If applicable) 	<ul style="list-style-type: none"> <input type="checkbox"/> Enrollment Application <input type="checkbox"/> Home Language Survey <input type="checkbox"/> CA60 Records Request <input type="checkbox"/> Verification of Educational Records: <ul style="list-style-type: none"> ○ <u>MUST</u> be signed by current school administrator ○ <u>MUST</u> include a copy of most recent report card ○ <u>MUST</u> include attendance records <input type="checkbox"/> Proof of Residency (copy of driver's license or current utility bill) <input type="checkbox"/> Copy of original birth certificate <input type="checkbox"/> Copy of immunizations records from the Health Department <input type="checkbox"/> Consent for Disclosure of Immunization Information (FERPA) <input type="checkbox"/> Current IEP Documentation (If applicable)

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!



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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 East:

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 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.*

The Academy prohibits all forms of discrimination in its educational programs and activities.



COLE ACADEMY EAST

STATE BOARD OF EDUCATION APPROVED HOME LANGUAGE SURVEY*

Cole Academy East 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? Yes 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.



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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



Cole Academy East

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 East _____ 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.