



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

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!





**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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## CA60 RECORDS REQUEST – PERMISSION TO RELEASE

The following student enrolled at Cole Academy on: \_\_\_\_\_

Student Name:	
DOB:	
Current Grade:	

Name of Last School Attended: \_\_\_\_\_

City & State: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Registrar's Email: \_\_\_\_\_

### Sending school, please provide:

- Student UIC# \_\_\_\_\_
- Cumulative Record (CA60)
- Special Ed Records (Including IEP & 504)
- Behavior Reports/Suspensions/Expulsion Reports

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date







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## VERIFICATION OF EDUCATIONAL RECORDS (*NOT a CA60 request*)

Student Name	
DOB	
Name of Previous School District	
Name of Previous School	
<b><i>This student has applied to Cole Academy. Please complete the below questions.</i></b>	
Has the above named student been <b>suspended</b> by your school/district in the last 2 school years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the above named student been <b>expelled</b> by your school/district in the last 2 school years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the above named student have an active <b>IEP/504</b> and receive special education programs, services, and/or accommodations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has this student been <b>absent 10% or more</b> of the enrolled school days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide a copy of the most recent report card.	<input type="checkbox"/> Attached

\_\_\_\_\_  
Signature of verifying Administrator

\_\_\_\_\_  
Date

**Please return this form & all supporting records as soon as possible to:**

**Fax: 517-885.2237, Attention: Ms. Castleberry  
OR**

**Email: [castleberry@coleacademy.org](mailto:castleberry@coleacademy.org)**

**Subject: Verification of Educational Records**





**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.

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*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: \_\_\_\_\_

