

[2025-26 Pre-K Programs and Admission Requirement](#)

Pre-K Programs:

- PreK-3 Full Day and PreK-4 Full Day are from Monday to Thursday 8:00 am -2:30 pm and Friday 8:00 am -12:00 pm. Registration fee is nonrefundable and other tuition fees apply.
- PreK-4 AM is from Monday to Friday 8:00am-11:00 am. PreK-4 PM is from Monday to Thursday 11:45 am -3:30 pm. The programs are free with VPK voucher.

Documents required:

- **A copy of birth certificate** (in English). No other forms are accepted.
- **Florida Certification of Immunization Form DH680** (Florida Shot Records). No other forms are accepted.
- **Page #2 of School entry health examination DH3040** (Proof of physical examination). Examination date must be within a year of enrollment (first day of entry at school). No other forms are accepted.
- **VPK voucher** (PreK-4 only)-**VPK voucher must be signed by the APPLICANT in person at MAGO Account Office**

Pre-K Requirements:

- Pre-K 3 students must be 3 years old and Pre-K 4 students must be 4 years old by September 1, 2025.
- Student must be completely toilet-trained and able to undress/dress him/herself without any assistance.
- Student must be able to communicate and understand English.
- MAGO reserves the right to dismiss students who do not meet the requirements. Parents must notify the school 30 in advance when withdrawing a student.
- If the child is not living with both parents, the legal guardian must provide proof of guardianship.

Voluntary Pre-Kindergarten (VPK) Voucher

- Voluntary Pre-Kindergarten (VPK) – applicant must be 4 years old by 9/1/2025. For more information visit www.vpkhelp.org. VPK Voucher must be signed by the APPLICANT in person at the Account Office.

Pick-Up/Drop Off Requirements

- Emergency contacts and authorized pick-up individuals must be over 18 years and must bring government-issued identification when picking up your child. **Daily signing in and out are required.**
- If your child(ren) is not picked up five minutes after the program ends, a late pick-up fee of \$5.00/5 minutes will be added to your monthly invoice. Per state licensing regulations, we are required to contact the local authorities for any child(ren) not picked up after 4:00 pm if we do not hear from you or we are unable to reach you or your emergency contact listed.
- For all children's safety, it is critical to use your pick-up card to pick up your child. To ensure the safety of our school's staff and children, please keep your card secured with you.

Students are not allowed to attend school when the documents are expired. Due to the absences of specialized and accommodating facilities and program at MAGO, the Academy reserves the right to refuse admittance to individuals with special needs or who exhibit severe or specific learning disabilities ESL/ESE/McKay Scholarship eligible. MAGO pre-screens all applications and will decline or delay any applications with invalid or false documents.

Parents of non-Florida applicants: Please contact the school with any questions regarding the documents.

For more information on admission policies, requirements and tuition fees, please visit our website at www.magorlando.net

SAMPLE OF SCHOOL ENTRY HEALTH EXAMINATION (PROOF OF PHYSICAL)



Name of Child (Last, First, Middle)	Birth Date
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PART II — MEDICAL EVALUATION

To be completed and signed by the Health Care Provider ONLY:

The child named above has had a complete history and physical exam on the following date:

(Exam must be within one year of enrollment)

____/____/____
Month Day Year

Screening Results:

Height: ____ Weight: ____ BMI%: ____ B/P: ____ Hct/Hgb: ____ Lead: ____ Urinalysis: ____

Vision - Without Glasses	Right 20/____	Left 20/____	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>	Hearing - Right	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>
Vision - With Glasses	Right 20/____	Left 20/____	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>	Hearing - Left	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>

Gross dental (teeth and gums)	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	_____	Refer/Tx: _____
Head/scalp/skin	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	_____	Refer/Tx: _____
Eyes/Ears/Nose/Throat	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	_____	Refer/Tx: _____
Chest/Lungs/Heart	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	_____	Refer/Tx: _____
Abdomen	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	_____	Refer/Tx: _____
Postural assessment	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	_____	Refer/Tx: _____

TB risk assessment done (Please review Targeted Testing Guidelines listed below.)

This child has the following problems that may impact the educational experience:

- Vision Hearing Speech/Language Physical Social/Behavioral Cognitive

Specify: _____

This child has a health condition that may require emergency action at school, e.g. seizures, allergies. Specify below.
(This form will be stored in the child's Cumulative Health Folder and may be accessed by both school and health personnel.)

Recommendations (Attach additional sheet if necessary): _____

(Please Check One)

- This child may participate fully in school activities including physical education.
 This child may participate in school activities including physical education with the following restriction/adaptation.
 (Specify reason and restriction) _____

Signature/Title of Health Care Provider	Date	Address (Please print or stamp)
	____/____/____	
Name (Please print or stamp)		

Tuberculosis Targeted Testing Guidelines for Health Care Providers

Tuberculosis Infection Risk:
 Review the following risks and administer a Mantoux TB skin test if child is in one or more categories. The TB test is administered confidentially as part of the health examination. Do not record administration of any TB test or related information on this form.

- Recent immigrant (< 5 years), frequent visitor to TB endemic areas
- Close contact to active TB case
- Frequent contact with adults at high-risk for disease, HIV+, homeless, incarcerated, illicit drug user
- HIV+ or have other medical conditions that increase the risk to progress from infection to disease, e.g., chronic renal failure, diabetes, hematologic or any other malignancy, weight loss > 10% of ideal body weight, on immunosuppressive medications

Active TB Disease Risk:

- Does the child exhibit signs/symptoms of tuberculosis (e.g. cough for three weeks or longer, weight loss, loss of appetite)?
- If symptoms are present, work-up or refer for TB disease evaluation.

SAMPLE OF FLORIDA CERTIFICATION OF IMMUNIZATION (DH680)

Form 680

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FLORIDA CERTIFICATION OF IMMUNIZATION

Legal Authority: Sections 1003.22, 402.305, 402.313, Florida Statutes; rules 64D-3.046, 65C-22.011 Florida Administrative Code

PATIENT _____ TEST _____ 01/01/2006
Last Name **First Name** **MI** **DOB**
 MOM PATIENT _____ 9900001032 _____
 Parent or Guardian Child's SS# (optional) State Immunization ID#

Directions:

* For additional information: See Immunization Guidelines for School and Child Care Facilities for information and instructions on form completion and immunization requirements. Guidelines are updated annually and are available from the local county health department.

VACCINE	DOE CODE	Dose 1 MO/DA/YR	Dose 2 MO/DA/YR	Dose 3 MO/DA/YR	Dose 4 MO/DA/YR	Dose 5 MO/DA/YR
DTaP/DTP	A	_____	_____	_____	_____	_____
DT	B	_____	_____	_____	_____	_____
Td/Tdap	C	_____	_____	_____	_____	_____
					Booster	
Polio	D	_____	_____	_____	_____	_____
HIB	E	_____	_____	_____	_____	_____
MMR (Combined) (Separate)	F	_____	_____	_____	_____	_____
	G,H	Measles (dose 1)	Measles (dose 2)	Mumps (dose 1)	Mumps (dose 2)	
	I	Rubella (dose 1)	Rubella (dose 2)			
Hepatitis B	J	_____	_____	_____	_____	_____
Varicella	K	_____	_____	_____	_____	_____
Varicella Disease	L	_____	_____	_____	_____	_____
PneuConju		_____	_____	_____	_____	_____

Certificate of Immunization for K-12

PART A (Immunizations are complete for school entry and attendance for grades kindergarten through 12.) DOE Code 1
 I have reviewed the records available, and to the best of my knowledge, the above named child has been adequately immunized for school attendance as documented above.

Physician or Clinic Name
 BUREAU OF IMMUNIZATION
 2585 MERCHANTS ROW BLVD
 TALLAHASSEE, FL 32399

Physician or
 Authorized Signature: TEST DOCTOR
 Electronic Certification: MD4N6GWBLG9
 Date: 07/03/2007
 Issued By: TEST USER

Form DH-680, 01-07 Stock Number: 74009906800

www.flshots.com

SAMPLE OF VPK VOUCHER



STATE OF FLORIDA
VOLUNTARY PREKINDERGARTEN
EDUCATION PROGRAM
Child Eligibility and Enrollment
Certificate

I. CERTIFICATE OF CHILD ELIGIBILITY (Issued by Early Learning Coalition) Type or print in black or blue ink

1. VPK program year	2. Certificate number	3. Certificate issue date	4. Enrollment <input type="checkbox"/> New enrollment <input type="checkbox"/> Re-enrollment
5. Parent or guardian name		6. Daytime telephone	7. Home telephone
8. Home address			
9. City		10. State	11. ZIP+4 Code
12. Child's full name		13. Child's SSN ¹	14. Child's date of birth
15. Program type <input type="checkbox"/> School-year program (540 hours) <input type="checkbox"/> Summer program (300 hours)			

¹PRIVACY ACT STATEMENT

Your child's social security number is requested under s. 119.071(5)(a)2, F.S., for use in the records and data systems of Florida's Office of Early Learning (OEL), Department of Education (DOE), school districts, and early learning coalitions. If you submit your child's social security number, it will be used for routine identification of your child and for correlation of your child's results on the statewide kindergarten screening to the provider or school that serves your child in the VPK program for purposes of assigning the provider or school a kindergarten readiness rate under s. 1002.69, F.S. Submission of your child's social security number on this form is voluntary and not a condition of enrollment in the VPK program.

II. ADMISSION BY PROVIDER OR SCHOOL (Jointly Prepared by Provider or School AND Parent or Guardian)

16. Name of provider or school	17. Daytime telephone	18. Fax
19. Address of VPK site	20. VPK class (e.g., A, B, C)	21. Date child will begin attendance
The provider or school certifies that it admits the child (item 12) for enrollment in the VPK program and agrees to deliver the program for the child.		I certify that I choose the provider or school (item 16) to deliver the VPK program for my child and direct that program funds be paid to the provider or school for my child.
22. Provider or school signature	23. Date	24. Parent or guardian signature
		25. Date

III. ENROLLMENT SUBMISSION AND CONFIRMATION (Submitted by Provider or School)

<p>TO PROVIDER OR SCHOOL: Your confirmation number authorizes the Early Learning Coalition to make payments for the VPK program. Contact the coalition upon enrollment of the child, and the coalition will issue you a confirmation number that allows payments to be made for the child and confirms that the parent or guardian has chosen you as the child's provider or school.</p>	<p>TO CONTACT THE COALITION FOR PAYMENT:</p>
	<p>IS YOUR CONFIRMATION NUMBER</p>

NOTICE TO PRIVATE PROVIDER OR PUBLIC SCHOOL: A private provider or public school must keep each original signed form for at least 2 years. A private provider must permit the early learning coalition, and a public school must permit the school district, to inspect the original signed forms during normal business hours. If required by the early learning coalition, a signed copy of this certificate must be forwarded to the coalition or a qualified contractor acting on behalf of the coalition.

Form
OEL-VPK 02
 (02/14/2007)

TUITION AND FEE SCHEDULE

2025-2026

General Tuition & Fees

DCF License #C09OR0600

Registration Fee

Returning Students	\$250.00 – (02/03/25 – 02/14/25)	\$350.00 after 2/15/25
New Students	\$350.00 – (4/7/25)	\$450.00 after 7/1/25

Entrance Exam Fee: **\$25.00 (New students only 1st - 8th Grade)**

Annual Tuition per Student

Grade Level	Tuition
Pre-K3	\$7,600.00
Pre-K4 - VPK AM/PM	FREE (With VPK Voucher)
Pre-K4 - VPK FULL DAY	\$5,900.00 (With VPK Voucher)
Pre-K4 - Non VPK	\$7,600.00
K – 3rd Grade	\$8,500.00
4 – 8th Grade	\$8,300.00

Annual Fees Per Student

Fees	PK 3&4	KG	1 st Grade - 4 th Grade	5 th Grade	6 th Grade - 7 th Grade	8 th Grade
Books Rental	\$300.00	\$450.00	\$450.00	\$450.00	\$450.00	\$450.00
Technology/Testing	-	\$150.00	\$150.00	\$150.00	\$150.00	\$150.00
Developmental	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00
Accident Insurance	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00
Security	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00
Graduation	-	\$100.00	-	\$100.00	-	\$100.00
Total per student	\$750.00	\$1,150.00	\$1,050.00	\$1,150.00	\$1,050.00	\$1,150.00

All fees are due before the 1st day of classes and are non-refundable. For students starting after the first two months of the year, Fees will be pro-rated except for the books & Registration. No application will be accepted and/or processed without the registration fee and full completion; no exceptions.

Annual tuition is divided into 10 equal months starting August to May. Tuition is due on or before the First day of each month and is considered late after the fifth. A late fee of \$30 will be assessed if the payment is not received by the fifth of every month.

MAGO accepts SUFS Scholarship FTC, FES, AAA Scholarships & VPK
If your children are currently receiving funding from any agencies, you are responsible for any fees/tuition not covered (see accounts for more information).

Non-Discriminatory Policy for Students

The Muslim Academy of Greater Orlando is committed to admit students of any gender, race, color religion, national or ethnic origin; it gives all rights, privileges, programs, and activities generally accorded or made available to the students at school. It does not discriminate based on gender, race, color, religion, national or ethnic origin in administration of its admission and educational policies, scholarship and financial aid programs, or athletic and other school administered programs.

The Academy will accept transfer students that are home schooled or who attended U.S. or international school as long as they meet the academic and behavioral requirements and observe the official policies of MAGO.

NOTE: Due to the absences of specialized and accommodating facilities and program at MAGO, the Academy reserves the right to refuse admittance to individuals with special needs or who exhibit severe or specific learning disabilities ESL/ESE/McKay Scholarship.

Updated on 11/13/2024