

## **2026-27 Kindergarten – Grade 8 Admission Requirements**

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. **MAGO will decline or delay any applications with invalid or false documents.**

**The following documents are required at the initial application of admission. Please see the next page for sample of documents.**

### **For Kindergarten entry:**

- A copy of birth certificate (in English) - no other documents are accepted.
- [Florida Certification of Immunization Form DH680 \(Florida Shot Record\)](#) – Immunizations must be up-to-date. Student must complete all the vaccinations required for KG entrance or provide valid exemption certificate.
- **Page #2** of [School Entry Health Examination Form DH3040](#) (Proof of Physical Examination) – **examination date must be after August 15, 2025.**

Please scroll down to see the sample documents

### **For Grade 1-8 entry:**

- A copy of birth certificate (in English) - no other documents are accepted.
- [Florida Certification of Immunization Form DH680](#) (Florida Shot Record). Please scroll down to see the sample document
- **Page #2** of [School Entry Health Examination Form DH3040](#). ([Proof of Physical Examination.](#))
- [2025-26 Quarter 2 report card](#) (please verify that it is NOT a Progress Report).
- [FAST Assessment PM2](#) for Math. Non-Florida student may submit the standardized test used by your current school.
- [FAST Assessment PM2](#) for Reading. Non-Florida student may submit the standardized test used by your current school
- [Special education plan \(if any\) such as IEP, ESE, 504 etc...](#)

**The following documents are required after the assessment test (for 1st-8<sup>th</sup> grade student):**

- [Discipline record](#) - required for student applying to grade 4-8 ONLY-please have the school fill out the form.
- Detailed student profile
- 2025-26 Final report card with [grade promotion](#)
- FAST Test PM3 result for Math, Reading and ELA or the last iteration of a standardized test administered at the current school.
- MAGO reserves the right to request additional documents to facilitate the admission process.

### **Other Requirements:**

1. Kindergarten students must be five years old by September 1, 2026 and able to take care of personal needs.
2. 1<sup>st</sup> - 8<sup>th</sup> grade students must pass an assessment test to be considered for admission. The assessment test fee is \$25.00 per student and is nonrefundable, payable only by credit/debit card on the testing date.
3. Student must be in good standing: meeting the academic, discipline and conduct requirements (subject to any forms of remediation, probation, suspension or disciplinary censure) and have good disposition (akhlaq ). For more information on admission policies, requirements and tuition fee, please visit our website at [www.magorlando.net](http://www.magorlando.net)
4. Students (entering grade 1-8) transferring from foreign school must submit the report cards from Kindergarten up to the current grade in addition to the requirements above.
5. Homeschooled students must submit an evaluation (done by a state-certified teacher of appropriate grade level) in place of a report card.
6. Student must be able to converse, read and write in English.

# SAMPLE OF SCHOOL ENTRY HEALTH EXAMINATION (PROOF OF PHYSICAL)



School Entry Health Exam  
Page 2 of 2

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.

### 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

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

**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
<b>DTaP/DTP</b>	<b>A</b>					
<b>DT</b>	<b>B</b>					
<b>Td/Tdap</b>	<b>C</b>					
					<i>Booster</i>	
<b>Polio</b>	<b>D</b>					
<b>HIB</b>	<b>E</b>					
<b>MMR (Combined)</b>	<b>F</b>					
<b>(Separate)</b>	<b>G,H</b>					
		<i>Measles (dose 1)</i>	<i>Measles (dose 2)</i>	<i>Mumps (dose 1)</i>	<i>Mumps (dose 2)</i>	
	<b>I</b>					
		<i>Rubella (dose 1)</i>	<i>Rubella (dose 2)</i>			
<b>Hepatitis B</b>	<b>J</b>					
<b>Varicella</b>	<b>K</b>					
<b>Varicella Disease</b>	<b>L</b>					
		<i>Year</i>				
<b>PneuConju</b>						

**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

## SAMPLE OF FAST ASSESSMENT RESULT



### Reporting

### Individual Student Report

Student, Demo

Grade 5 FAST ELA Reading 2023-2024

Student ID: DM000000000001 | Student DOB: 7/3/2009 | Enrolled Grade: 5

Demo District

Date Taken: 9/20/2023 | Test Reason: PM1 2023-24

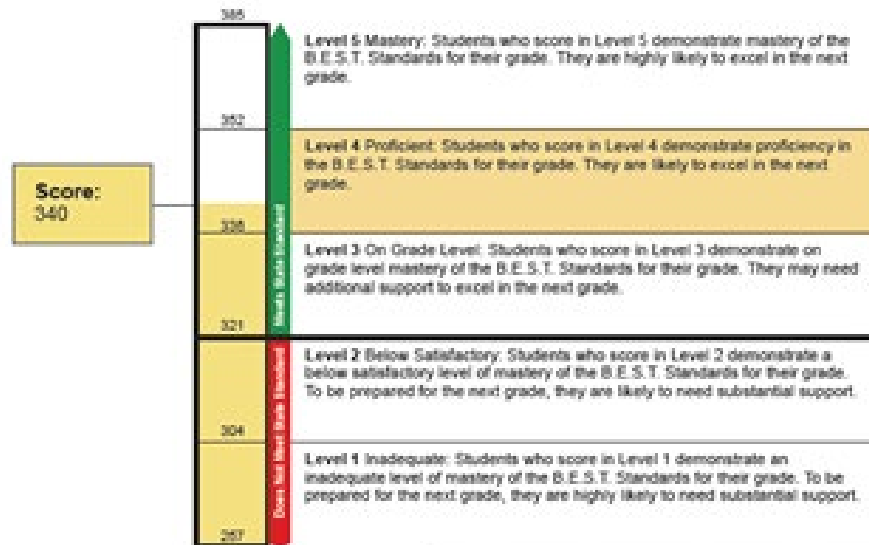
Demo School

Scale Score: 340

Achievement Level: Level 4

Percentile Rank: 72

#### How Did Your Student Do on the Test?



#### How Does Your Student's Score Compare?

Name	Average Scale Score
Florida	320
Demo District	316
Demo School	316

Please note, for the 2023-2024 school year and PM1 of the 2025-2026 school year, student achievement levels are provisional, and are linked to the 2021-2022 reporting scale, as required by Florida law. For PM2 of the 2023-2024 school year and beyond, scores will be reported on a new scale after the State Board of Education adopts new student achievement expectations in fall of 2023.

Percentile rank will be reported after the PM window closes. This rank will indicate where your student's performance falls compared to all other students who took the same test in this window.

Please visit the FAST Portal at [www.fltest.org](http://www.fltest.org) to access additional information and resources, including a Parent Guide that explains each element of this report and what it means for your student.

Students in grades 3-5 who scored a Level 1 or Level 2 may be eligible to receive free books on a monthly basis through the New Worlds Reading Initiative. Visit <http://newworldsreading.com> for more information.

Students in grades 3-5 who scored a Level 1 or Level 2 may be eligible for a \$500 reading scholarship to be used for instructional materials, tutoring, and summer or after school educational programs. Visit <http://stepupfloridians.org/reading> for more information.

Please note, the information in the comparison table is based on the averages at the time this report was generated.