



Muslim Academy of Greater Orlando

11551 Ruby Lake Rd. Orlando FL, 32836

Phone: 407-238-0144 Fax: 407-238-4689

email: info@magorlando.net

Virtue, Wisdom, Strength
website: www.magorlando.net

KG-8th New Student Enrollment Form 2018-19

Last Name

First Name

Grade (17-18)

Grade (18-19)

Application Date

Please use the checklist below as a guide and submit all required documents along with the registration fee to be considered for enrollment. **Application submitted without the fee and required documents will not be accepted.**

Both parents are required to sign the application form. Students will not be allowed to attend the first day of class until all documents/forms are submitted and confirmation email is sent out.

Documents Required	KG	Grade 1-12	Date
1. Application Form and Fee	√	√	
2. Copy of Birth Certificate	√	√	
3. Valid Proof of Physical DH 3040 (or equivalent)	√	√	
4. Valid Florida Immunization Certificate DH 680	√	√	
5. Copy of the last 2 years Report Cards of (last year for 1 st grade)		√	
6. Copy of Standardized Test Results		√	
7. Copy of Detailed Student Profile/ Discipline Record (required)		√	
8. Proof of Guardianship (if applicable)	√	√	
9. Copy of Special Education Plan (Ex: IEP, ESOL..etc.)		√	
10. Withdrawal Letter from previous school		√	
11. MAGO Assessment Test (by appointment only)		√	

KG applicants must be 5 years old by September 1st, 2018. KG shot record must meet PART A DOE Code 1 requirement. For grade 7 and 8, student must complete T-dap shot and shot record must meet PART A DOE Code 8 requirement.

STEP UP FOR STUDENTS (SUFS) SCHOLARSHIP INFORMATION

- Access www.stepupforstudents.org beginning March 1, 2018 for new enrollment information and income guidelines.
- Your child's enrollment at MAGO will not be confirmed until the SUFS Award Letter is submitted showing that your child has been approved for scholarship and for what amount (100%, 75% or 50% of the scholarship amount).

Primary Guardian _____ Date _____

Secondary Guardian _____ Date _____

Accounts _____ Date _____

Principal _____ Date _____

Registrar _____ Date _____

Official Use Only

Registration Fee: \$ _____ CA / CC/ CK# / MO# _____ Entry Date: _____

SUFS/McKay Scholarship Application: Not-Submitted _____ Pending _____ Student Award Letter received _____

Notes: _____

Receive on: _____

Enter on: _____

Email on: _____

File on: _____



Muslim Academy of Greater Orlando

11551 Ruby Lake Rd. Orlando FL, 32836

Phone: 407-238-0144 Fax: 407-238-4689 email: info@magorlando.net

Virtue, Wisdom, Strength
website: www.magorlando.net

STUDENT INFORMATION

DCF License #C09OR0600

Student Name (last, first, middle): _____

Last Grade completed: _____ Grade In Year 18-19: _____ Gender (please circle one): **M** **F**

Race (please check one): _____ White _____ Asian _____ Black/African American
_____ American Indian /Alaska Native _____ Native Hawaiian/ Pacific Islander

Ethnicity (please check one): _____ Hispanic/Latino _____ Non -Hispanic

Hair Color: _____ Eye Color: _____ Height: _____ (in) Weight: _____ (lbs)

Date of Birth (mm/dd/yyyy): _____ / _____ / _____ Age on Sept. 1, 2018: _____

Place of Birth: _____ Home Phone: _____

Address: _____ City: _____

State: **FL** Zip Code: _____ Lang.(s) spoken at home: _____

PREVIOUS SCHOOL INFORMATION

Name of School: _____

Address: _____

Phone: _____ Fax: _____ Dates attended: _____

What grade(s), if any, has applicant skipped? _____ What grade, if any, has the applicant repeated? _____

Please explain: _____

PARENT/LEGAL GUARDIAN INFORMATION

Primary Guardian Information:

Secondary Guardian Information:

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Cell Phone: _____

Cell Phone: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Email: _____

Email: _____

Occupation: _____

Occupation: _____

Place of Employment: _____

Place of Employment: _____

The child resides with: Both Parents Mother Father Other _____

Child's custody is with: Both Parents Mother Father Other _____

If the child is not living with both parents, the legal guardian must provide a proof of guardianship and fill in the section below:

I/We _____ am/are the legal custodian(s) of _____
_____, and has/have legal authority and the corresponding duty in regard to his/her education.

I certify that the information given in this application is complete and accurate, and understand to make false statements within this application may result in the withdrawal and/or termination of admission. I agree to support and abide by the Muslim Academy of Greater Orlando's regulations, policies, and guidelines for admissions and attendance.

Primary Guardian Printed Name

Primary Guardian Signature

Date

Secondary Guardian Printed Name

Secondary Guardian Signature

Date



Muslim Academy of Greater Orlando

11551 Ruby Lake Rd. Orlando FL, 32836

Virtue, Wisdom, Strength

Phone: 407-238-0144 Fax: 407-238-4689 email: info@magorlando.net

website: www.magorlando.net

STUDENT ATTENDANCE AND DISCIPLINE

DCF License #C09OR0600

1. Has the student ever been in detention at previous school? Yes____ No____

If yes please explain _____

2. Has the student ever been suspended from school? Yes____ No____

If yes please explain _____

3. Has the student ever been expelled from school? Yes____ No____

If yes please explain _____

4. Have any other disciplinary actions ever taken regarding this student? Yes____ No____

If yes please explain _____

5. Does the student have an excessive number of excused or unexcused absences from school?

Yes____ No____

If yes please explain _____

6. Does the student have an excessive number of excused or unexcused tardiness from school?

Yes____ No____

If yes please explain _____

7. Has the student been recommended for any special educational services (Ex: IEP, ESOL, etc...)?

Yes____ No____

If yes please explain _____

Comments: We would appreciate additional comments and observations concerning this student's abilities, attendance, personal qualities and special interests.

I certify that the information given in this application is complete and accurate, and understand to make false statements within this application may result in the withdrawal and/or termination of admission. I agree to support and abide by the Muslim Academy of Greater Orlando's regulations, policies, and guidelines for admissions and attendance.

Primary Guardian Printed Name

Primary Guardian Signature

Date

Secondary Guardian Printed Name

Secondary Guardian Signature

Date



Muslim Academy of Greater Orlando

11551 Ruby Lake Rd. Orlando FL, 32836

Virtue, Wisdom, Strength

Phone: 407-238-0144 Fax: 407-238-4689 email: info@magorlando.net

website: www.magorlando.net

EMERGENCY CONTACT / MEDICAL INFORMATION

DCF License #C09OR0600

Student Name _____

Grade _____

Parents are required to provide an emergency contact (**someone other than the parent**) in the event that the parent cannot be reached. Emergency contact must be someone who resides in local area.

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Physician's Name: _____ Office Phone: _____

Preferred Hospital: _____

Does your child have any known medical condition(s)? NO YES

If yes please explain _____

Does your child have any allergic reaction to any of the following?

Medications: No Yes Reaction: _____

Food : No Yes Reaction: _____

Insect Bite : No Yes Reaction: _____

Other : No Yes Reaction: _____

Are any of the above allergies severe or life-threatening? NO YES

If yes, please explain: _____

In addition to students' academic success, the health and safety of our students is of utmost importance to us. In order to foster the student's safety, we will no longer be administering over the counter medication; this includes and is not limited to Advil, Tylenol, Pepto Bismol and Benadryl. The school administration will however assist in administering medication that is prescribed by a physician. To do so the school must receive written directions from the physician along with a signed request from the parent. At the end of the school day the parent must pick up the medication from the school. No medication may be left overnight. Please contact the school if you should have any questions.

Emergency Care

- In the event of an emergency, I authorize MAGO staff to provide any first aid care deemed necessary for my child.
- In the event of an emergency, I authorize MAGO staff to transfer my child's health record to the local hospital or emergency facility.
- The State of Florida requires a notarized medical release form prior to emergency medical treatment. In the event of injury to my child _____ requiring immediate medical attention, if I/we cannot be reached, MAGO has my permission to take him or her for treatment at the closest hospital.

I understand that the school personnel are not held liable for the administration of any medication(s) or for its possible side effects. I hereby give permission to dispense the medication(s), in accordance with the written directions from the physician.

Primary Guardian Printed Name

Primary Guardian Signature

Date

Secondary Guardian Printed Name

Secondary Guardian Signature

Date



Muslim Academy of Greater Orlando

11551 Ruby Lake Rd. Orlando FL, 32836

Phone: 407-238-0144 Fax: 407-238-4689 email: info@magorlando.net

Virtue, Wisdom, Strength

website: www.magorlando.net

PARENTAL PERMISSION FOR DATA PUBLICATION

DCF License #C090R0600

Student Name _____

Grade _____

MAGO is requesting your permission to share your contact information for organizing school wide events.

We are also requesting permission to capture picture(s) of you and /or your child for purposes of the year book and other internal school related publication(s).

If you agree with the above, please check all the items below that you agree with for publishing and/or sharing purposes, and sign below.

Please check YES/NO to all items below that you agree with to be used for internal publishing:

I /we give permission to the following:	YES	NO
Child's photograph taken for the use of ID card		
Child's photograph taken & released for publishing in the year book		
Child's photograph taken & released for publishing in other school related materials		
Student Home phone number released for publishing in school related materials		
Primary Guardian/ Mother's cell phone number released for publishing in school related materials		
Primary Guardian/ Mother's email released for publishing in school related materials		
Primary Guardian/Mother's photograph taken & released for publishing in the year book and/or other school related materials		
Secondary Guardian /Father's cell phone number released for publishing in school related materials		
Secondary Guardian/Father's email released for publishing in school related materials		
Secondary Guardian/Father's photograph taken & released for publishing in the year book and/or other school related materials		

PHOTOGRAPHS, VIDEOS AND AUDIO TAPES: I give MUSLIM ACADEMY OF GREATER ORLANDO permission to photograph and/or record my child on audio or video for security purposes. I also understand that I must have written permission before capturing any images or audio recording of the other children in the school.

Primary Guardian Printed Name

Primary Guardian Signature

Date

Secondary Guardian Printed Name

Secondary Guardian Signature

Date



Muslim Academy of Greater Orlando

11551 Ruby Lake Rd. Orlando FL, 32836

Virtue, Wisdom, Strength

Phone: 407-238-0144 Fax: 407-238-4689 email: info@magorlando.net

website: www.magorlando.net

STUDENT DROP-OFF / PICK-UP - ADD/DROP FORM

DCF License #C090R0600

I/ We _____ and _____, legal guardian (s) of _____, grade _____, grant permission to the individual(s) listed below to drop him/her off and pick him/her up to and from school without the need of prior approval.

Use the space below to **ADD** individual(s) to your drop off/pick-up list.

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- For all children’s safety, it is critical for you or your authorized pick-up individuals 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 in secure location.
- Please notify your authorized pick-up individuals that they must bring government-issued identification when they pick up your child.
- If your child(ren) is picked up after dismissal has ended, a late pick-up fee of \$5.00 for every 10 minutes will be added to your monthly invoice. If your child is not picked 30 minutes after dismissal has ended, he/she will be placed in our after school care program and you will be invoiced accordingly.
- MAGO reserves the right to contact and request the individuals listed above to pick up your child if he/she is not picked up at 6:00pm. In such cases, local authorities may be contacted.

Anyone not on this list **MAY NOT** pick up any child without prior approval from the parents or legal guardian. **NO EXCEPTIONS.** This is for the safety of all our students.

Primary Guardian Printed Name

Primary Guardian Signature

Date

Secondary Guardian Printed Name

Secondary Guardian Signature

Date



PARENTAL INVOLVEMENT AGREEMENT

Parental involvement is necessary and actively sought for support of the school. By enrolling your child at MUSLIM ACADEMY OF GREATER ORLANDO (MAGO), you are providing your child an excellent educational opportunity. In addition, you have incurred the responsibility as a parent to provide the proper interest, encouragement, guidance, home environment, and service to foster the best learning situation possible. Failure to meet any single or multiple requirements of the contract may result in the withdrawal and/or termination of enrollment of your child.

As a parent/guardian of a MAGO student, I/we pledge to do the following:

- 1) Strictly enforce student attendance and punctuality as defined in the Code of Student Conduct
 - a. I/we understand that my child is to attend school every day unless he or she is unable to attend due to an excused absence. I/we will ensure that my child has no more than fifteen (15) unexcused absences during a school year.
 - b. I/we agree to ensure that my child is punctual. I/we understand that every school day is important, and I/we will make sure that my child arrives at school every day by 8:00 am (Monday – Friday).
 - c. I/we will provide a written excuse for the student to give the teacher on the first day back following an absence.
 - d. I/we agree to notify teachers of an impending absence of more than 2 days as early as possible so that teachers are given enough time to provide homework, etc.
 - e. I/we will pick my/our child up promptly at the dismissal time indicated by the school every day.
 - f. I/we understand that if I am/we are late in picking up my child, MAGO is not responsible for my child's safety.
 - g. I/we understand that if my/our child is picked up after dismissal has ended, a late pick-up fee will be added to my/our monthly invoice. If my child is not picked up 15 minutes after dismissal has ended, he/she will be placed in the after school care program and I/we will be invoiced accordingly.
 - h. If my/our child is continually tardy, I/we understand that for the benefit of my/our child's education, he/she may be required to transfer to a school that is more accessible for him/her.

Proper attendance and punctuality helps the student develop a sense of responsibility that transcends into their adult lives, lessens the burden on the student to make up assignments, and causes less disruption to the class.

____Guardian's initials

- 2) Follow the required uniform policy of the school as adopted by MAGO
 - a. I/we will make sure that a clean and proper uniform is worn every day, including footwear.
 - b. I/we will purchase the required uniform pieces for my/our child from approved vendor and when uniform items wear out or my/our child outgrows them, I/we will replace them promptly.
 - c. I/we will make sure that my/our child comes to school clean and well-groomed every day.
 - d. I/we will make sure that all items are labeled with my/our child's name or initials.
 - e. I/we will make sure my/our child brings the required PE clothes and sneakers every day he/she has PE class.
 - f. I/we understand that if my/our child is not in compliance with the uniform policy, I/we will have to take my/our child out of school for the day.

____Guardian's initials



Muslim Academy of Greater Orlando

11551 Ruby Lake Rd. Orlando FL, 32836

Phone: 407-238-0144 Fax: 407-238-4689 email: info@magorlando.net

Virtue, Wisdom, Strength

website: www.magorlando.net

- 3) Support the daily class work and homework requirements, ensuring completeness to the best of my/our ability
- I/we understand that my/our child is to complete all required work including homework. I/we understand that the work must be on time to receive full credit.
 - I/we agree to provide my/our child with all required basic classroom supplies
 - I/we will monitor daily class work by talking with my/our child and reviewing his/her planner daily. I/we will check my/our child's backpack and folder every evening, and make sure his/her work is organized and orderly.
 - I/we will follow any recommendations made by my/our child's teachers about what I/we need to do at home to help my/our child succeed.
 - I/we will periodically review my/our child's homework in order to make sure he or she isn't having difficulties.
 - If my/our child needs assistance, I/we will work with him or her through the academic challenge, or I/we will find a tutor or a teacher to help my/our child overcome the academic obstacle.
 - I/we agree to support the development of good study habits in my/our child.
 - I/we will provide my/our child with an environment that shall be conducive to learning. (Each child should have an area in the home free from distraction, so that they may complete assignments and store their necessary study aids.)
 - I/we agree to provide my/our child with study aids including dictionaries, globes, atlases, etc. or will provide access to such aids as needed (e.g., from the library).
- ___ Guardian's initials
- 4) Strictly enforce the student conduct codes and policies.
- I/we understand that my/our child and I are to cooperate and conduct ourselves with teachers, staff, and other students in a manner showing respect for all persons.
 - I/we agree to support the student conduct codes/policies of MAGO.
 - I/we agree to abide by the discipline policies of MAGO as outlined in the student code of conduct
 - I/we will expect good behavior from my/our child and support the school in requiring good behavior from my/our child at all times.
 - I/we will take seriously any call from the school about a problem with my/our child's behavior, and follow up promptly and seriously with my/our child.
- ___ Guardian's initials
- 5) Comply in a timely fashion with any requests for information made by the teacher or school administration of MAGO
- I/we will communicate with the teacher weekly, if needed, including returning all school related correspondence the following day.
 - I/we will inform the school of change of address, telephone number or any emergency contacts.
 - I/we will return immunization records, birth certificates, hearing and vision screenings and proof of address as requested by the school.
 - I/we will actively monitor the release of all progress reports and reports cards. I/we will make inquiries should I/we not receive them in a timely manner. I/we will sign and promptly return all progress reports and reports cards to the school.
 - I/we will fill out all school forms in a timely manner so that my/our child will return them promptly to the school.
 - I/we will communicate regularly with my child's teachers. I/we will return a phone call from a member of the staff within 24 hours and I/we will make myself/ourselves available for any parent-teacher conference.



Muslim Academy of Greater Orlando

11551 Ruby Lake Rd. Orlando FL, 32836

Phone: 407-238-0144 Fax: 407-238-4689 email: info@magorlando.net

Virtue, Wisdom, Strength

website: www.magorlando.net

- g. If I am/we are asked to attend a meeting at the school regarding my/our child's education or behavior, I/we will make every effort to be there. If I/we have a concern or questions, I/we will communicate in a respectful tone with the teachers and staff.

____Guardian's initials

- 6) Require a minimum of thirty (30) minutes of daily reading at home or outside regular school hours.
 - a. I/we will support classroom incentive programs.
 - b. I/we will encourage daily reading in addition to the reading requirements for homework assignments.
 - c. I/we will support good reading habits and will demonstrate this importance by encouraging discussion of reading materials, such as newspapers, magazine articles or books.
 - d. I/we agree to read to or with my/our child as often as possible.

Interaction between parents and students helps demonstrate the parents' concern and willingness to assist the student to excel.

____Guardian's initials

I (we) have read the Parental Involvement Contract and agree to abide by all of the policies and regulations stated therein. I (we) understand that by signing this contract, I am (we are) obligated to perform my (our) contractual duties. I (we) understand that how well I (we) uphold my commitment to the school as outlined on these three pages will be a factor that the school considers when deciding whether or not to offer my (our) child a contract for the next school year. I (we) understand that by not fulfilling my/our contractual obligation to MAGO and to my (our) child, this may result in my (our) child requested to stay after school, be suspended, lose the opportunity to recommit for placement for the following school year or withdrawn and sent to a regular public school at the sole discretion of the Principal as approved by the MAGO Governing Board.

Primary Guardian Name

Primary Guardian Signature

Date

Secondary Guardian Name

Secondary Guardian Signature

Date



Muslim Academy of Greater Orlando

11551 Ruby Lake Rd. Orlando FL, 32836

Phone: 407-238-0144 Fax: 407-238-4689 email: info@magorlando.net

Virtue, Wisdom, Strength
website: www.magorlando.net

RELEASE OF STUDENT RECORDS

DCF License #C090R0600

To: _____
Last School Attended

Address City State Zip

Phone Fax email Contact Person

This is a request for all pertinent information concerning the student(s) named below who has applied for admission to our school. Please forward records via email, fax or mail to the above information.

Last Name, First Name Birth Date Grade Male Female

Last Name, First Name Birth Date Grade Male Female

Last Name, First Name Birth Date Grade Male Female

Last Name, First Name Birth Date Grade Male Female

Last Name, First Name Birth Date Grade Male Female

Parent/Guardian (1) Signature Date

Parent/Guardian Signature (2) Date

Please include the following:

- ___ Transcript of Grades/Report card
- ___ Standardized Test Score
- ___ Grades at time of withdrawal
- ___ Intellectual/Psychological Evaluations
- ___ Grading System
- ___ Special Education Data

- ___ ***Detailed Student Profile / Discipline Record***
- ___ Attendance Records
- ___ Health & Immunization Data
- ___ Birth Certificate
- ___ Social History / IEP / 504

Any further information you can give us to enable proper placement will be appreciated. If these records are not available at your school, please advise accordingly.

Thank you for your cooperation.

Registrar

Date