



# Muslim Academy of Greater Orlando

11551 Ruby Lake Rd. Orlando FL, 32836

Phone: 407-238-0144 Fax: 407-238-4689 email: [info@magorlando.net](mailto:info@magorlando.net)

Virtue, Wisdom, Strength  
website: [www.magorlando.net](http://www.magorlando.net)

## KG-8<sup>th</sup> Grade New Student Enrollment Form 2021-22

Student Last Name	Student First Name	Grade (20-21)	Grade (21-22)	Application Date
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Please submit all the documents listed below along with the registration fee to be considered for enrollment:

<input type="checkbox"/> Application Form and Fee
<input type="checkbox"/> Copy of Birth Certificate
<input type="checkbox"/> Valid Proof of Physical DH 3040 (or equivalent)
<input type="checkbox"/> Valid Florida Immunization Certificate DH 680
<input type="checkbox"/> Proof of Guardianship (if student is not residing with both parents)
<input type="checkbox"/> 2019-20 and 2020-21 official report cards for 2 <sup>nd</sup> – 8 <sup>th</sup> grade admission, (only 2020-21 report card for 1 <sup>st</sup> grade admission)
<input type="checkbox"/> 2019-20 and 2020-21 standardized test (ex: FSA, Terra Nova, MAP etc.) for 5 <sup>th</sup> - 8 <sup>th</sup> grade admission, 2020-21 standardized test for 4 <sup>th</sup> grade admission
<input type="checkbox"/> Detailed Student Profile / Discipline Record ( <b>required</b> )
<input type="checkbox"/> Special Education Plan (Ex: IEP, ESOL..Etc.) if student has participated/ currently participating in one.

- **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.
- **KG applicants must be 5 years old by September 1<sup>st</sup>, 2021.** KG shot record must meet PART A DOE Code 1 requirement.
- **7<sup>th</sup> and 8<sup>th</sup> grade student must complete T-dap shot, and shot record must show PART A DOE Code 8 requirement.**
- **1<sup>st</sup>-8<sup>th</sup> grade student must take an assessment test and achieve at least 70% to be considered for enrollment.**
- **Due to the absence of specialized and accommodating facilities and programs at MAGO, the Academy may not admit individuals with special needs or who exhibit severe or specific learning disabilities (ESL/ESE/McKay Scholarship eligible)**

### STEP UP FOR STUDENTS (SUFS) SCHOLARSHIP INFORMATION

- Access [www.stepupforstudents.org](http://www.stepupforstudents.org) beginning March 1, 2020 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).

Guardian 1 Name	Guardian 1 Signature	Date
Guardian 2 Name	Guardian 2 Signature	Date
Registrar	Date	Accounts
		Date

### Official Use Only

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

SUFS Award Letter: Not-Submitted \_\_\_\_\_ Pending \_\_\_\_\_ Provided \_\_\_\_\_

Notes: \_\_\_\_\_

Receive on:

Enter on: **STUDENT INFORMATION**

File on:



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DCF License #C09OR0600

Student Name (last, first, middle): \_\_\_\_\_

Grade In Year 2021-22: \_\_\_\_\_ Gender (please circle one): **M** **F**

Race (check one): White: \_\_\_\_\_ Asian: \_\_\_\_\_ Black or African American: \_\_\_\_\_ other: \_\_\_\_\_

American Indian or Alaska Native: \_\_\_\_\_ Native Hawaiian/ Pacific Islander: \_\_\_\_\_

Ethnicity (check one): Hispanic/Latino: \_\_\_\_\_ Non-Hispanic/Latino: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Height: \_\_\_\_\_ (in) Weight: \_\_\_\_\_ (lbs)

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age on Sept. 1, 2021: \_\_\_\_\_

Place of Birth: County: \_\_\_\_\_ State: \_\_\_\_\_ 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

Guardian 1 Information:

Guardian 2 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.**

Guardian 1 Printed Name \_\_\_\_\_

Guardian 1 Signature \_\_\_\_\_

Date \_\_\_\_\_

Guardian 2 Printed Name \_\_\_\_\_

Guardian 2 Signature \_\_\_\_\_

Date \_\_\_\_\_



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## 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.***

\_\_\_\_\_  
Guardian 1 Printed Name

\_\_\_\_\_  
Guardian 1 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian 2 Printed Name

\_\_\_\_\_  
Guardian 2 Signature

\_\_\_\_\_  
Date



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## 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: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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.

\_\_\_\_\_  
Guardian 1 Printed Name

\_\_\_\_\_  
Guardian 1 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian 2 Printed Name

\_\_\_\_\_  
Guardian 2 Signature

\_\_\_\_\_  
Date



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## 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		
Guardian 1 / Mother's cell phone number released for publishing in school related materials		
Guardian 1 / Mother's email released for publishing in school related materials		
Guardian 1 /Mother's photograph taken & released for publishing in the year book and/or other school related materials		
Guardian 2 /Father's cell phone number released for publishing in school related materials		
Guardian 2 /Father's email released for publishing in school related materials		
Guardian 2 /Father's photograph taken & released for publishing in the year book and/or other school related materials		

**PHOTOGRAPHS, VIDEOS AND AUDIO TAPES:** By enrolling my child at the Muslim Academy of Greater Orlando, I give the 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.

\_\_\_\_\_  
Guardian 1 Printed Name

\_\_\_\_\_  
Guardian 1 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian 2 Printed Name

\_\_\_\_\_  
Guardian 2 Signature

\_\_\_\_\_  
Date



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## 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. 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.

Guardian 1 Name

Guardian 1 Signature

Date

Guardian 2 Name

Guardian 2 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.
  - 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

- 3) Support the daily class work and homework requirements, ensuring completeness to the best of my/our ability



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- a. 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.
- b. I/we agree to provide my/our child with all required basic classroom supplies
- c. 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.
- d. 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.
- e. I/we will periodically review my/our child's homework in order to make sure he or she isn't having difficulties.
- f. 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.
- g. I/we agree to support the development of good study habits in my/our child.
- h. 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. 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.

- a. 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.
- b. I/we agree to support the student conduct codes/policies of MAGO.
- c. I/we agree to abide by the discipline policies of MAGO as outlined in the student code of conduct
- d. 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.
- e. 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

- a. I/we will communicate with the teacher weekly, if needed, including returning all school related correspondence the following day.
- b. I/we will inform the school of change of address, telephone number or any emergency contacts.
- c. I/we will return immunization records, birth certificates, hearing and vision screenings and proof of address as requested by the school.
- d. 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.
- e. I/we will fill out all school forms in a timely manner so that my/our child will return them promptly to the school.
- f. 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.





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- 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 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.

\_\_\_\_\_  
Guardian 1 Name

\_\_\_\_\_  
Guardian 1 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian 2 Name

\_\_\_\_\_  
Guardian 2 Signature

\_\_\_\_\_  
Date



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## 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

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## 2021-2022

### General Fees & Tuition

DCF License #C09OR0600

#### Registration Fee

Returning Students	\$150.00 – (2/1/21 – 2/26/21)	\$250.00 after 2/26/21
New Students	\$250.00 – (3/1/21)	\$300.00 after 7/1/21

#### Annual Fees

Books Rental: (per child)	\$300.00 – (Pk3 & Pk4) \$450.00 – (KG – 8th Grade)
Developmental Fee: (per family)	\$250.00 – (Returning students) \$350.00 – (New Students - single child) \$450.00 – (New 2+ children)
Security Fee: (per family)	\$100.00 – (Single child) \$195.00 – (2+ children)
Technology/Testing Fee:	\$150.00 – (KG - 8th)
Accident Insurance:	\$30.00 – (per child)
Graduation:	\$30.00 – (KG, 5 <sup>th</sup> & 8 <sup>th</sup> Grade)

#### Annual Tuition

Pk3 – 8th Grade - \$6,150.00

#### VPK

Pk4 – VPK AM/PM ONLY – FREE

Pk4 – VPK Full day - \$4,000.00 (with VPK Voucher)

**All fees are due before the 1<sup>st</sup> 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.**

**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, FES, AAA Scholarship, VPK and School Readiness Programs**

If your children are currently receiving funding from any agencies, you are held 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 on the basis of 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 eligible)**



# LOOKING FOR SCHOOL OPTIONS FOR YOUR CHILD? Help is Here!



**Every child deserves a chance to succeed. Some may need something special.**

Step Up For Students is a nonprofit that helps administer the Florida Tax Credit Scholarship (FTC) and the Gardiner Scholarship. These scholarships empower families to customize their children's education.

## TWO scholarships for Florida schoolchildren

### FLORIDA TAX CREDIT SCHOLARSHIP INCOME-BASED

Lower-income families can choose between two K-12 scholarships.

**A** FOR PRIVATE SCHOOL TUITION AND FEES **OR** **B** FOR TRANSPORTATION ASSISTANCE TO AN OUT-OF-DISTRICT PUBLIC SCHOOL

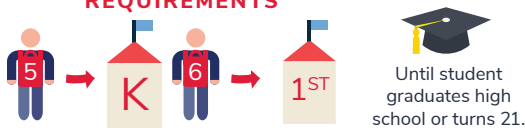
**UP TO**

- K-5<sup>TH</sup> \$6,519
- 6-8<sup>TH</sup> \$6,815
- 9-12<sup>TH</sup> \$7,111

**UP TO \$750**

#### REQUIREMENTS

**AGE ELIGIBILITY**  
on or before Sept. 1



**FULL SCHOLARSHIPS:**  
Total Gross Monthly Income  
Add \$720 for each additional member.



OR, IF A MEMBER OF THE HOUSEHOLD RECEIVES



OR, IF A HOUSEHOLD'S INCOME QUALIFIES FOR FREE OR REDUCED-PRICE LUNCH



**PARTIAL SCHOLARSHIPS:**  
Total Gross Monthly Income  
Dependent on availability. Lower-income families are served first.



Children who are in foster care or out-of-home care, or are dependents of a parent or guardian in the U.S. Armed Forces, may apply at any time, as long as funds are available.

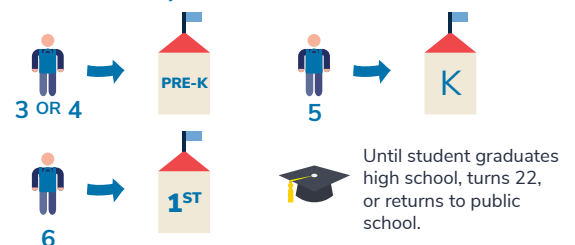
### GARDINER SCHOLARSHIP SPECIAL NEEDS

Parents can customize the education of their pre-K-12 children with certain special needs. Annual awards average \$10,000 and can go toward a combination of approved options including, but not limited to:



#### REQUIREMENTS

**AGE ELIGIBILITY**  
on or before Sept. 1



#### FORMAL DIAGNOSIS

- Anaphylaxis
- Autism spectrum disorder
- Cerebral palsy
- Deaf
- Down syndrome
- Dual sensory impaired
- Hospital or homebound
- "High-risk" 3-, 4-, and 5-year olds
- Intellectual disability (severe cognitive impairment)
- Muscular dystrophy
- Phelan-McDermid syndrome
- Prader-Willi syndrome
- Rare disease or condition
- Spina bifida
- Traumatic brain injured
- Visually impaired
- Williams syndrome

#### STUDENTS NEED



Formal diagnosis from a licensed physician or psychologist

OR



Current Individual Education Plan from a school district

**To apply for a scholarship, visit [www.StepUpForStudents.org](http://www.StepUpForStudents.org)**

# Muslim Academy of Greater Orlando

11551 Ruby Lake Road, Orlando, Florida 32836

*Virtue, Strength, Wisdom*

Tel: 407-238-0144

Fax: 407-238-4689

Site: [www.magorlando.net](http://www.magorlando.net)

Email: [info.magorlando@gmail.com](mailto:info.magorlando@gmail.com)

## CREDIT CARD AUTHORIZATION FORM

PLEASE PRINT AND COMPLETE THIS AUTHORIZATION FORM AND RETURN TO MAGO.

### CREDIT CARD HOLDER

FIRST NAME: \_\_\_\_\_

MIDDLE NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

### BILLING INFORMATION

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

### CREDIT CARD INFORMATION

CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

CVV SECURITY CODE: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize The Muslim Academy of Greater Orlando, Inc. to charge the amount indicated herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Student/s: \_\_\_\_\_

**I authorized Muslim Academy of Greater Orlando, Inc. to charge a 3% credit card convenience fee.**

\_\_\_\_\_ Initial

Date: _____ Fee: _____ Total: _____	Date: _____ Fee: _____ Total: _____	Date: _____ Fee: _____ Total: _____	Date: _____ Fee: _____ Total: _____
Date: _____ Fee: _____ Total: _____	Date: _____ Fee: _____ Total: _____	Date: _____ Fee: _____ Total: _____	Date: _____ Fee: _____ Total: _____
Date: _____ Fee: _____ Total: _____	Date: _____ Fee: _____ Total: _____	Date: _____ Fee: _____ Total: _____	Date: _____ Fee: _____ Total: _____

Card Holder Name (print): \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE NOTE: YOU MUST PRESENT THE CARD AND A PICTURE IDENTIFICATION (GOVERNMENT ISSUED PHOTO IDENTIFICATION).**