

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ



335-337 South Sacramento Blvd.
Chicago, Illinois 60612
312.224.4614
www.masjidmuminun.org

Tabarakallah Academy

Weekend School Application

Student Name: _____ Age: _____

Parent Name: _____

Address: _____

City: _____ State: _____

Home Number: _____ Cell: _____

Sibling's Names and Ages:

Travel Arrangements: Public ___ Car ___ Carpool ___

(with _____ Contact Number _____)

There is a \$20 registration fee per family per year. This is to offset costs for books and materials.

Parent Signature _____ Date: _____