



Does your child need any special academic or health services? ( ) Yes ( ) No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Is your child enrolled in a DART program ( ) Yes ( ) No

Present Church Membership: \_\_\_\_\_

Do Parents Attend? ( ) Yes ( ) No Does Child regularly attend Sunday School? ( ) Yes ( ) No

If you are not an active member of a Christian church, we invite you to attend Adult Information classes conducted by our Pastor.

You are also invited to attend our weekly Worship Services at Redeemer Lutheran Church, Sunday mornings, 10:45 am, and Sunday School Classes at 9:30 am.

**Emergency Information: \*Person to contact if parent is not available:**

1. \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

\*I, \_\_\_\_\_, give permission for my child, \_\_\_\_\_ to be treated by emergency medical personnel if I cannot be reached.

**Medical Information** such as conditions, allergies, diseases etc., a medical team would need to know to safely treat your child:

\_\_\_\_\_

\_\_\_\_\_

*Signature of parent or legal guardian:*

\_\_\_\_\_ *Date* \_\_\_\_\_

\*\*\*\*\*

**Final Action: All applications from enrollment are subject to the approval of Redeemer Lutheran School Board.**

Please submit this enrollment application and all required materials to Redeemer Lutheran School.

By mail: Redeemer Lutheran School      By email: Alison Jackson at      By fax: 412-793-1890  
 ATTN: Alison Jackson      [admissions@redeemer-oakmont.org](mailto:admissions@redeemer-oakmont.org)      attn.: Alison Jackson  
 700 Idaho Avenue  
 Verona, PA 15139

Redeemer Lutheran School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies and athletic and other school-administered programs.

**Race (optional)**

Black or African American       American Indian or Alaskan  
 Asian       White  
 Native Hawaiian or Pacific       Other  
 Not Applicable

**Ethnicity (optional)**      **Primary Language**

Hispanic       English  
 Non-Hispanic       Spanish  
 Not Applicable       Other

\_\_\_\_\_ (please specify)

**Household (Family) Size**

1       2       3       4       5       6       7       8       \_\_\_\_\_

**Household Income (required)** check box:

Less Than \$5,000       \$5,001 - \$10,000       \$10,001 - \$15,000  
 \$15,001 - \$20,000       \$20,001 - \$25,000       \$25,001 - \$30,000  
 \$30,001 - \$35,000       \$35,001 - \$40,000       \$40,001 - \$45,000  
 \$45,001 - \$50,000       \$50,001 - \$60,000       \$60,001 - \$70,000  
 \$70,001 - \$100,000       More Than \$100,000

**2020 Federal Poverty Level Guidelines**

300%			
Family Size	Annual	Monthly	Weekly
1	\$38,280	\$3,190	\$736
2	\$51,720	\$4310	\$995
3	\$65,160	\$5430	\$1253
4	\$78,600	\$6550	\$1770
5	\$92,040	\$7,543	\$1,741
6	\$105,480	\$8790	\$2028
7	\$118,920	\$9910	\$2287
8	\$132,360	\$11,030	\$2545
Each Add'l	\$13,440	\$1120	\$258

**Actual Annual Verified Gross Household (Family) Income:** \$ \_\_\_\_\_

*Copies of documents used to verify income must be included with application*

\_\_\_\_\_  
**Parent/Guardian Signature**

I affirm that family income is at or below 300% of federal poverty level (required risk factor).  
Consider all sources of income. See **Federal Poverty Level Guidelines** relative to family size.  
Income must be verified prior to enrollment.

**Note:** Families that meet certain financial guidelines may also qualify for the Head Start program for their child. For more information, call 412-394-4594. RLS does not operate a Head Start or Early Head Start program.

**Other Child Eligibility Risk Factor Criteria (Must check all that apply):**

<input type="checkbox"/>	<b>Behavioral Supports:</b> A child who was referred to PA Pre-K Counts from an appropriately credentialed health or mental health practitioner who is not employed by the PA Pre-K Counts program; a child who is receiving mental health treatment. Additional verification beyond the interview is required.
<input type="checkbox"/>	<b>Child Protective Services:</b> A child who is a foster child, a kinship care child or receiving Children and Youth services.
<input type="checkbox"/>	<b>Education Level of Guardian:</b> Does not have high school diploma or GED or post-secondary degree.
<input type="checkbox"/>	<b>English Language Learner:</b> A child whose first language is not English and who is in the process of learning English is considered an English Language Learner.
<input type="checkbox"/>	<b>Individualized Education Plan (IEP):</b> A child who is currently enrolled in the Preschool Early Intervention program with an active IEP. Verification would be a copy of the IEP or other source of documentation from the parent or Early Intervention provider.
<input type="checkbox"/>	<b>Incarcerated Parent:</b> A child for whom one of the child's parents is currently in prison.
<input type="checkbox"/>	<b>Homeless:</b> A child who lacks a fixed, regular, and adequate nighttime residence due to one of the following: A. Children who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, or camping grounds due to lack of alternate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement; B. Children who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings; C. Children who are living in cars, parks, public places, abandoned buildings, substandard housing, bus or train stations, or similar settings.
<input type="checkbox"/>	<b>Migrant (Non-Immigrant)/Seasonal Student:</b> A migrant child has moved from one school district to another in order to accompany or to join a migrant parent or guardian, who is a migratory worker or migratory fisher, within the preceding 36 months, in order to obtain temporary or seasonal employment in qualifying agricultural or fishing work including agri-related businesses such as meat or vegetable processing, working in nurseries such as Christmas and evergreen trees farming.
<input type="checkbox"/>	<b>Teen Mother:</b> A child whose mother was under the age of 18 when the child was born.

**To the best of my knowledge, the information provided is accurate. I understand that I may be asked to verify or substantiate information provided. I understand that I must provide supporting documents in order for the application for my child to be considered, and that incomplete applications will not be accepted.**

\_\_\_\_\_  
**Parent/Guardian (Signature)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Name (Print Name)**

\_\_\_\_\_  
**Staff Verifying Income and Risk Factors (Signature)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Staff Verifying Income and Risk Factors (Print Name)**