# New Jersey State Department of Education
# For NON-NEW JERSEY RESIDENTS

**Form 407-1**

**Nonpublic School Student Application for Chapter 193 Services**

**School Year 2026-2027**

*This application form is for the parent/guardian to request Chapter 193 services for his/her child. The parent/guardian completes the application and submits it to the nonpublic school or directly to the public school district where the nonpublic school is located (not the district where the parent resides).*
*A separate application must be submitted for each service requested.*

| 1. NONPUBLIC SCHOOL | 2. STUDENT |
|---|---|
| School:<br>Address:<br>City:<br>Zip Code: County: Sussex<br>Telephone:<br>Principal:<br>Email : | Name (Last):<br>Name (First):<br>Address: City:<br>Zip Code: County: Birth Date:<br>Grade: Gender: Female Male Non-Binary<br>Home Phone:<br>Parent's Cell:<br>Parent's Email: |

## 3. STUDENT DATA (Required for NJ SMART)

Race/Ethnicity: ☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Pacific ☐ White
City of Birth: _____ State of Birth: _____ Country of Birth: _____
Resident District: _____ Resident Public School: _____

## 4. Service Requested: Chapter 193 Evaluation and Determination of Eligibility for Services

***(Check ONE Service requested below and provide the requested information)***

**Initial Application for service:**

☐ Initial Evaluation
☐ Speech-only Evaluation (when no other 193 evaluation is being request or provided)

**Application to continue service:**

☐ Annual Review
☐ Reevaluation

**Parent/Guardian Certification**

*I hereby request that my child, named above, receive the services indicated herein pursuant to Chapter 193 Laws. I certify that the address given above is our domicile. I understand that the Board of Education of the public school district in which the nonpublic school is located is responsible for providing the services indicated herein pursuant to law and regulations.*

Print Name of Parent/Guardian: _____
Signature: _____ Date: _____

**District Determination**

*(The district responsible for providing services completes this section by providing an electronic or actual signature. If the district contracts with a third party provider and the contract allows it, the provider may sign this section.)*

Date Application Received: _____ Month Services Began: _____
Name of Service Provider if Other Than District : ***Sussex ESC*** Public School District: _____
Signature of Chief School Administrator or Designee: Andrea Romano Date: _____