For New Jersey Residents Only
New Jersey State Department of Education
Nonpublic School Student Application for Chapter 193 Services (Form 407-1)
School Year 2026-2027

This application form is for the parent/guardian to request Chapter 193 services (special education evaluation/determination of eligibility and related services) for his/her child. The parent/guardian must complete the application and submit 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: Tranquility Adventist School Address: 3 Academy Ln. City: Andover, NJ Zip Code: 07821 County: Sussex Telephone: 908-852-1391 Principal: Elaine Lopez Email : ELopez@njadventistschools.org	Name (Last): Name (First): Address: City: Zip Code: County: Birth Date: Grade: Gender: __Female __Male __Non-Binary Home Phone: Parent's Cell: 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:

For sections 4-6: A separate application must be submitted for each service requested.

(Please check one box in section, 4, 5 OR 6 and provide the requested information.)

4. CHAPTER 193 EVALUATION AND DETERMINATION OF ELIGIBILITY FOR SERVICES

☐ Initial Evaluation ☐ Annual Review ☐ Reevaluation

5. CHAPTER 193 SUPPLEMENTAL INSTRUCTION

☐ Initial application for service ☐ Application to continue service Student's Eligibility (NJ) Category:_____

6. CHAPTER 193 SPEECH – LANGUAGE EVALUATION & SERVICES

☐ Initial application for services ☐ Application to continue service Student Eligibility (NJ) Category: _____

Choose A or B below:

A. ☐ **Speech/Language Evaluation** (if student is evaluated and found eligible for speech-language services, a separate 407-1 must be provided; district will be reimbursed for either the evaluation or services, not both.)

B. ☐ **Speech/Language Services** (if student is evaluated and found eligible for speech-language services, a separate 407-1 must be provided; district will be reimbursed for either the evaluation or services, not both.)

Parent/Guardian Certification

I hereby request that my child, named above, receive the services indicated herein pursuant to Chapter 192 and Chapter 193 Laws. I certify that the above name child and I are residents of the State of New Jersey and 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 contracts allows it, the provider may sign this section.)

Date Application Received: _____ Month Services Began: _____

Name of Service Provider if Other Than District : ***SCESC*** Public School District: _____

Signature of Chief School Administer or Designee: ***Andrea Romano*** Date: _____