For New Jersey Residents Only
New Jersey State Department of Education

Nonpublic School Student Application for Chapter 192 Services (Form 407-1)

School Year 2026-2027

This application form is for the parent/guardian to request Chapter 192 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

School: Pope John Middle School
Address: 28 Andover Ave.
City: Sparta, NJ
Zip Code: 07871 County: Sussex
Telephone: 973-726-6125
Principal: Sue Santore
Email: SantoreS@popejohn.org

2. STUDENT

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

Race/Ethnicity: ☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Pacific ☐ White

4. CHAPTER 192 COMPENSATORY EDUCATION

Check one: ☐ Initial application for service ☐ Application to continue service

Service requested (complete one form for each service requested):

a) ☐ READING & WRITING ☐ READING ☐ WRITING b) ☐ MATH

Eligibility Criteria:

Grades K-2 (Grade K must be in school 30 days before submitting the initial application.)

Must include 3 of the following 4 (Select 3): 1. Teacher and parent survey, interviews, observational assessments 2. Work samples collected over time, including performance based assessments 3. Developmental Screenings 4. Report cards, tests projects.

Grades 3-12: Assessment Name: _____ Score below 35th National Percentile (NP): _____

Grade 12: You must attach additional criteria: Additional criteria is attached.

Grade 3-11: If the score is between 35th and 39th NP, you must attach additional criteria: Additional criteria attached.

Exception for students transitioning from 193 services: ☐ CST recommendation Date:

5. CHAPTER 192 ENGLISH AS A SECOND LANGUAGE

Check one: ☐ Initial application for service ☐ Application to continue service

Student's Native Language: _____

Home Language Survey results: WIDA Score: _____ Date Given (mm/dd/yy): _____

Check to indicate that the following are attached: ☐ Multiple Indicators ☐ Copy of Parent Placement Letter

6. CHAPTER 192 HOME INSTRUCTION

Physician's Letter attached ☐

Physician's Name: _____ Physician's Phone: _____ Student's Diagnosis: _____

Reason for Home Instruction: _____

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. The month services can begin depends on date of 407-1 receipt and cut off dates for additional funding request provided by NJDOE each August: click on ADDL in NJDOE Homeroom and refer to "Per Pupil Rates and Monthly Availability/Proration Schedule."

Date Application Received: _____ Month Services Can Begin: _____

**Number of Hours of Home Instruction Provided to the Nearest Tenth:* _____

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

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