

**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**

**2. STUDENT**

School: Reverend George A. Brown Mem School  
Address: 294 Sparta Ave  
City: Sparta, NJ  
Zip Code: 07871 County: Sussex  
Telephone: 973-729-6125  
Principal: Patricia Klebez  
Email: PatriciaKlebez@revbrownschool.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**

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 35<sup>th</sup> National Percentile (NP): \_\_\_\_\_

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

Grade 3-11: If the score is between 35<sup>th</sup> and 39<sup>th</sup> 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: \_\_\_\_\_