

# 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: Northwest Christian School Address: 92 County RT 519 City: Newton, NJ Zip Code: 07860 County: Sussex Telephone: 973-383-9713 Principal: Gerry Cantalupo Email : GCantalupo@ncsnj.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: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**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: \_\_\_\_\_