

# New Jersey State Department of Education

Form 407-1

## Nonpublic School Student Application for Chapter 193 Services

School Year 2021-2022

*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

School: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ County: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Principal's Name: \_\_\_\_\_  
Principal's Email: \_\_\_\_\_

### 2. STUDENT

Name (Last): \_\_\_\_\_  
Name (First): \_\_\_\_\_  
Address: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ County: \_\_\_\_\_  
Grade: \_\_\_\_ Birth Date: \_\_\_\_\_ Gender: M/F  
Home Phone: \_\_\_\_\_  
Parent's Cell: \_\_\_\_\_  
Parent's Email: \_\_\_\_\_

### 3. STUDENT DATA

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

### 4. CHAPTER 193 EVALUATION AND DETERMINATION OF ELIGIBILITY FOR SERVICES

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

Check one:  Initial Evaluation  Annual Review/Due Date: \_\_\_\_\_  Reevaluation/Due Date: \_\_\_\_\_

### 5. CHAPTER 193 SUPPLEMENTAL INSTRUCTION

Check one:  Initial application for service  Application to continue service  
Student's Eligibility-Federal Category: \_\_\_\_\_ Classification Date: \_\_\_\_\_

### 6. CHAPTER 193 SPEECH – LANGUAGE EVALUATION & SERVICES

Check one:  Initial application for service  Application to continue service  
Choose A or B: (A)  Speech/Language Evaluation **OR** (B)  Speech/Language Services/Class. Date: \_\_\_\_\_

### 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 board of education or third party provider responsible for providing services should complete 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: \_\_\_\_\_ Date: \_\_\_\_\_