

**New Jersey State Department of Education  
Form 407-1**

**Nonpublic School Student Application for Chapter 193 Services  
School Year 2017-2018**

This application form is for the parent/guardian to request auxiliary/remedial services for his/her child. The parent/ guardian 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:		Name (last):	
Address:		Name (first):	
City:		Address:	
Zip Code:	County:	City:	
Telephone:		Zip Code:	County:
Principal:		Telephone:	
		Grade:	Birth date:
		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
		Parents' email address:	
		Parents' cell phone:	
3. STUDENT DATA			
Race/Ethnicity: <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Pacific <input type="checkbox"/> White			
City of Birth:			
State of Birth:			
Country of Birth:			
Resident District Name:		Resident School Name:	
4. CHAPTER 193 SERVICES			
<b>Check one:</b> <input type="checkbox"/> Initial application for service <input type="checkbox"/> Application to continue service			
<b>Service requested</b> (complete one form for each service requested)			
a) EVALUATION AND DETERMINATION OF ELIGIBILITY			
<input type="checkbox"/> Initial Evaluation			
<input type="checkbox"/> Annual Review			
<input type="checkbox"/> Reevaluation			
b) SUPPLEMENTAL INSTRUCTION			
Student's Eligibility – Federal Category:			
c) SPEECH - LANGUAGE			
<input type="checkbox"/> Speech Evaluation			
<input type="checkbox"/> Speech-Language Services			
<b>Parent/ Guardian Request</b>			
I hereby request that my child, named above, receive the services indicated herein pursuant to Chapter 193 Laws. I certify that the above named 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:
<b>Disposition</b> (The district board of education responsible for providing services completes this section.)			
Date Application Received:		Date Services Began:	Date Services Ended:
Services Not Provided (state reason):			
Name of Service Provider if Other Than District: <b>The ESC of Morris County</b>			
Public School District:			
Signature of Chief School Administrator:			Date:

- District keeps a copy for its records and where applicable forwards a copy to the contracted service provider
- District keeps a copy for IDEA services when the student is eligible for supplementary instruction and/or speech-language services