

NJ RESIDENT ONLY

193 SERVICES

New Jersey State Department of Education
NONPUBLIC SCHOOL STUDENT
APPLICATION SCHOOL YEAR: 2018-2019

This application form is for the parent/guardian to request auxiliary/remedial 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: Principal:
Address: Phone:
City: Zip: County:

2. STUDENT:

Student LAST Name: Student FIRST Name:
Address:
City: Zip: County:
Home Phone: Parent's Cell Phone:
Parent's email address:
Gender: Male Female Birth date: Grade (as of 9/1/18)

3. STUDENT DATA:

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

4. CHAPTER 193 SERVICES (COMPLETE ONE FORM FOR EACH SERVICE REQUESTED):

CHECK ONE: Initial Application for service Application to Continue Service

EVALUATION AND DETERMINATION OF ELIGIBILITY

Initial Evaluation Annual Review Reevaluation

SUPPLEMENTAL INSTRUCTION

Student's Eligibility - Federal Category:

SPEECH-LANGUAGE EVALUATION AND SERVICES

CHECK ONE: Initial Application for Service Application to Continue Service Student's Eligibility Category:
SPEECH EVALUATION SPEECH/LANGUAGE SERVICES SPEECH ARTICULATION SERVICES

5. PARENT/LEGAL GUARDIAN REQUEST

I hereby request that my child, named above, receive the services indicated herein pursuant to Chapter 192 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 regulation.

PRINT Name of Parent/Legal Guardian SIGNATURE Date

DISPOSITION The district Board of Education responsible for providing services completes this section.

Date Application Received Month Started 1

Name of Service Provider if other than District: ESC OF MORRIS COUNTY

Public School District: Signature of Chief School Administrator/Designee Date

1 Services will begin based on the date of the 407-1 receipt and on the cutoff date for additional funding. For additional funding: click on ADDL in NJDOE Homeroom and refer to Per Pupil Rates and Monthly Availability/Proration Schedule

*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