

Non-NJ RESIDENT

193 SERVICES

**New Jersey Department of Education
NONPUBLIC SCHOOL STUDENT
APPLICATION SCHOOL YEAR: 2019-2020**

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 9/1/19) _____

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: _____

4. CHAPTER 193 SERVICES

SERVICE REQUESTED: EVALUATION AND DETERMINATION OF ELIGIBILITY FOR SERVICES

Check one: Initial applicate for service (choose A or B) Application to continue services (choose C or D)

Initial application for service:

- A. Initial Evaluation
- B. Speech-only Evaluation (when no other 193 evaluation is being requested or provided)

Application to continue service:

- C. Annual Review
- D. Reevaluation

5. PARENT/LEGAL GUARDIAN REQUEST

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 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 Home room](#) 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