

New Jersey State Department of Education

Form 407-1

Nonpublic School Student Application for Chapter 192 Services

School Year 2023-2024

This application form is for the parent/guardian to request Chapter 192 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 INFORMATION

School Name: _____ Phone: _____

Address: _____ City: _____ Zip Code: _____ County: _____

Principal's Name: _____ Principal's Email: _____

2. STUDENT INFORMATION

Name (Last): _____ (First): _____

Address: _____ City: _____ Zip Code: _____ County: _____

Grade: _____ Birth Date: _____ Gender (circle): Male / Female / Nonbinary

Home Phone: _____ Parent's Cell: _____ Parent's Email: _____

3. STUDENT DATA

Race/Ethnicity: American Indian Asian Black Hispanic Pacific White

4. CHAPTER 192 COMPENSATORY EDUCATION

Check one: Initial application for service Application to continue service

Service requested (complete **one** form for each service requested):

a) READING & WRITING READING WRITING b) MATH

Eligibility Criteria:

Grades 3-12: Assessment Name: _____ Score: _____

Other criteria if score is between 40th-49th percentile inclusive: _____

Grades K-2 must include **3** of the following **4** (**circle 3**): 1. Teacher and parent survey, interviews, observational assessments 2. Work samples collected over time, including performance based assessments 3. Developmental Screenings 4. Report cards, tests projects.

Exception for students transitioning from 193 services: CST recommendation Date: _____

5. CHAPTER 192 ENGLISH LANGUAGE LEARNER (ELL) SERVICES

Check one: Initial application for service Application to continue service

Native Language: _____ Assessment Name: _____ Score: _____ Date Given: _____

6. CHAPTER 192 HOME INSTRUCTION SERVICES

Physician's Name: _____ Physician's Phone: _____ Student's Diagnosis: _____

Reason for Home Instruction: _____

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 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: _____

District Determination

(The district board of education or third party provider responsible for providing services should complete this section.)

Date Application Received: _____ Month Services Can Begin: _____

*Number of Hours of Home Instruction Provided to the Nearest Tenth: _____

Name of Service Provider if Other Than District : UCESC Public School District: _____

Signature of Chief School Administer or Designee: _____ Date: _____

