

New Jersey State Department of Education

Form 407-1

Nonpublic School Student Application for Chapter 193 Services

School Year 2023-2024

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 INFORMATION

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

2. STUDENT INFORMATION

Name (Last): _____ (First): _____
Address: _____ City: _____ Zip: _____ County: _____
Grade: _____ Birth Date: _____ Gender (circle): Male / Female / Non-Binary
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 : UCESC Public School District: _____

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