

New Jersey State Department of Education
Nonpublic School Student Application for
Chapter 193 Supplemental Instruction (Form 407-1)
School Year: 2026/2027

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

Registered School Name:		School Building:	
Address:		City: Lakewood	
Telephone:	Principal:	ZipCode: 08701	County: Ocean

2. STUDENT (Parent/Guardian complete this section)

Last Name:		Grade:	Birth date:
First Name (Legal):		Nickname:	
Middle Name:		Home Phone Number:	
Address:			
City:	Zip Code:	County:	Gender: ☐ Male ☐ Female
Mother's Name and Father's Name (Guardian):		Parents' Email Address:	

3. STUDENT DATA (Parent/Guardian complete this section)

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

4. CHAPTER 193 SERVICES

Check one: ☐ Initial application for service ☐ Application to continue service ☐ Updated Service Plan	
Service requested (complete one form for each service requested)	
<div style="border: 1px solid black; padding: 10px;"><div style="display: flex; justify-content: space-between;"><div style="width: 60%;">☐ SUPPLEMENTAL INSTRUCTION</div><div style="width: 35%; text-align: center;">Service Plan Dates</div></div><div style="margin-top: 10px;">Student's Eligibility – Classification: _____</div><div style="margin-top: 10px;">SI Math _____ # of sessions per week</div><div style="margin-top: 10px;">SI LA/Reading _____ # of sessions per week</div></div>	<div style="border: 1px solid black; padding: 10px;"><div style="margin-bottom: 10px;">Start: _____</div><div style="margin-bottom: 10px;">End: _____</div><div style="text-align: center;">Parent signature on Service Plan: Yes or No</div><div style="text-align: center;">15 Day Delay: Yes or No</div><div style="text-align: center;">Waiver / Email/ Letter/ Etc: Yes or No</div></div>

5. PARENT/GUARDIAN REQUEST (Parent/Guardian complete this section)

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:

6. DISPOSITION (The district board of education responsible for providing services completes this section.)

Date Application Received(BOE):	Date Services Began:	Date Services Ended:
Services Not Provided (state reason):		
Name of Service Provider if Other Than District:		

Public School District:
LAKEWOOD PUBLIC SCHOOLS
Lakewood, NJ 08701

192/193 Office Signature: _____

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