

**PRIVATE SCHOOLS FOR STUDENTS  
WITH DISABILITIES**

**2010 – 2011**

**NEW SCHOOL BUDGET APPLICATION**

**DIRECTIONS FOR COMPLETING THE  
NEW SCHOOL APPLICATION  
7/1/2010 to 6/30/2011 PROJECTED BUDGET**

1. Private school tuition rates will be based on one per diem rate for the July through June school year. The same per diem rate must be charged for all pupils regardless if the pupil attends only the ten month school year, or only the extended school year, or both the ten month and extended school years and if the pupil enrolls after the start of the ten month or extended school years. This budget document is for the July through June school year and the tuition rate is based on a per diem rate using an average daily enrollment (ADE) for the 12 month school year.
2. Insert the requested information on pages one through three. The Projected Average Daily Enrollment on page 1 is now based on an ADE for the 12 month school year. If a school has only a ten month school year for 180 days, the projected ADE would be based on the number of pupils enrolled for the entire ten month school year. If the school has both a ten month school year for 180 days and extended school year for 30 days, the projected ADE for all pupils would be based the total enrolled days of 210. In this case, a pupil in the ten month and extended school years would be 210/210 or 1.0, a pupil in just the ten month school year would be 180/210 or 0.8571 and a pupil in only the extended school year would be 30/210 or 0.1428. On page 1, the Total Projected Average Daily Enrollment line, columns 1, 2 and 3 must equal column 4.

“Public School ADE” is the July through June average daily enrollment for pupils whose tuition is paid by a New Jersey school district or New Jersey state agency. “Private Placements In-State ADE” is the July through June average daily enrollment for pupils who reside in New Jersey whose tuition is paid by a parent, guardian or the private school is supporting the cost of the pupil’s education through another funding source. “Private Placement Out-of-State ADE” is the July through June average daily enrollment for pupils who reside in a state other than New Jersey whose tuition is paid by a parent, guardian, an out-of-state public school, a state agency of a state other than New Jersey or the private school is supporting the cost of the pupil’s education through another funding source.

In accordance with N.J.A.C. 6A:23A-18.3(b)2 (formerly N.J.A.C. 6A:23-4.3(b)2), the applicant shall document the need for a minimum of 24 public school placement students in order to be approved by the Commissioner. In accordance with N.J.A.C. 6A:23A-18.3(c)1 (formerly N.J.A.C. 6A:23-4.3(c)1), the school shall receive preliminary approval to operate for a two year period, after which the school shall provide documentation that the school has a minimum ADE of 24 public school placement students by the end of the second school year; in accordance with N.J.A.C. 6A:23A-18.3(c)i (formerly N.J.A.C. 6A:23-4.3(c)i), a school meeting the minimum ADE of 24 public school placement students by the end of the second school year shall receive new school approval; and in accordance with N.J.A.C. 6A:23A-18.3(c)ii (formerly N.J.A.C. 6A:23-4.3(c)ii), a school not meeting the minimum ADE of 24 public school placement students by the end of the second school year shall have its preliminary approval status revoked and shall no longer be considered an approved private school for students with disabilities. This is only applicable to the private schools for students with disabilities in which 2004-2005 and thereafter was the first year of operation.

3. Insert on pages 11 through 28, by title of position, the projected salary by individual for the 7/1/2010 to 6/30/2011 school year (no names). Insert the totals by category from pages 11 through 28 on the lines and page numbers indicated at the bottom of each salary analysis. For example, insert the total of Special Education – Instruction – Salaries of Teachers on line 1, page 4; insert the total of Undistributed Expenditures – Support Services – School Administration – Salaries of Principal/Assistant Principal on line 134 page 6, etc. If additional space is needed, please make a copy of the form and indicate on the form that it is an additional page.

4. Insert the name of the school at the top of page 4 on the line titled Name of School.
5. Insert expenditures by account title on pages 4 through 8 in column ( D ) “Budgeted Expenditures”. In accordance with N.J.A.C. 6A:23A-18.2(a)1 (formerly N.J.A.C. 6A:23-4.2(a)1) when determining the actual allowable costs for the program, the board of directors shall ensure that such costs are based on all costs required for student instruction from July 1 through June 30, consistent with the students’ individualized education programs (IEP), and inclusive of all costs required to implement all students' IEPs and all related services; and in accordance with N.J.A.C. 6A:23A-18.2(a)5 (formerly N.J.A.C. 6A:23-4.2(a)5), the private school shall not bill the sending district board of education separately for related services that are required by a student's initial or subsequent IEP.
6. Total the line items by category and insert the totals at the end of each category on pages 4 through 8. For example, the sum of lines 1 through 11 must be inserted on line 12 in column ( D ) “Budgeted Expenditures” on page 4, the sum of lines 50 through 56 must be inserted on line 57 in column ( D ) “Budgeted Expenditures” on page 5, etc.
7. Insert the grand total of each category on line 221, page 8.
8. Transfer the totals by category from pages 4 through 8 to the Budget Summary on page 9 on lines 222 through 247. Sum the totals on lines 222 through 247 and insert this amount on line 248, Total Budgeted Expenditures.
9. Insert the Total Budgeted Expenditures from page 9, line 248 to page 10, line 261 to determine the maximum Working Capital / Surcharge. Multiply the Total Budgeted Expenditures on line 261 by 0.025 and insert this amount on line 263.
10. Insert an amount equal to or less than line 263 on page 10, line 250. The school has the option of including a Working Capital / Surcharge of an amount equal to or less than 2.5% of the Total Budgeted Expenditures but the amount included is a management decision. A school is not required to include a Working Capital / Surcharge in the Budgeted Per Pupil Tuition Rate.
11. Insert the Total Budgeted Expenditures from page 9, line 248 to page 10, line 249. Add the Total Budgeted Expenditures from line 249 and Working Capital / Surcharge from line 250 and insert the total on line 251. This is the Total Budgeted Expenditures and Working Capital / Surcharge.
12. Insert the Estimated Average Daily Enrollment (ADE) on page 10, line 252. This ADE is based on a July 1<sup>st</sup> through June 30<sup>th</sup> school year. If a school has only a ten month school year for 180 days, the Estimated ADE would be based on the total number of enrolled days for all pupils for the ten month school year divided by 180. If the school has both a ten month school year for 180 days and extended school year for 30 days, the Estimated ADE for all pupils would be based on the total number of enrolled days for all pupils (both ten month and extended) divided by 210. In this case, a pupil enrolled in the ten month and extended school years would be 210/210 or an ADE of 1.0, a pupil enrolled in just the ten month school year would be 180/210 or an ADE of 0.8571 and a pupil enrolled only in the extended school year would be 30/210 or an ADE of 0.1428.
13. Divide the Total Budgeted Expenditures and Working Capital / Surcharge on page 10, line 251 by the Estimated ADE on line 252 and insert this amount on line 253. This is the 7/1/2010 to 6/30/2011 Budgeted Per Pupil Tuition Rate the school is planning to charge for the July 1<sup>st</sup> to June 30<sup>th</sup> school year.

14. Insert the Total Number of Days in Session for the period of July 1<sup>st</sup> to June 30<sup>th</sup> on page 10, line 254. Divide the 7/1/2010 to 6/30/2011 Budgeted Per Pupil Tuition Rate from line 253 by the total number of days in session for the period of July 1<sup>st</sup> to June 30<sup>th</sup> from line 254 and insert this amount on line 255. This is the Budgeted Per Diem Tuition Rate the school is planning to charge. The same per diem rate must be charged for pupils enrolled in the ten month school year and the extended school year.
15. To determine the Ten Month School Year Tuition Rate (September through June), insert the number of enrolled days for the Ten Month School Year on page 10, line 256. This number must be a minimum of 180 days. Multiply the number of enrolled days for the Ten Month School Year on line 256 by the Budgeted Per Diem Tuition Rate on line 255 and insert this amount on line 257. This is the Total Ten Month School Year Tuition Rate.
16. To determine the Extended School Year Tuition Rate (July through August), if applicable, insert the Budgeted Per Diem Tuition Rate from page 10, line 255 on line 258. Insert the number of enrolled days for the Extended School Year on line 259 and multiply by the Budgeted Per Diem Tuition Rate from line 258 and insert this amount on line 260. This is the Total Extended School Year Tuition Rate.
17. Please return pages 1 through 28 to the Department of Education and retain a copy for your files. Forward the budget to the following address:

James Verner, Section Supervisor  
NJ State Department of Education  
Division of Finance  
Office of Fiscal Policy and Planning  
P. O. Box 500  
Trenton, New Jersey 08625-0500

**PRIVATE SCHOOL FOR STUDENTS WITH DISABILITIES**  
**NEW SCHOOL BUDGET**  
**7/1/2010 to 6/30/2011**

NAME OF SCHOOL: \_\_\_\_\_ COUNTY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

SUMMER TELEPHONE NUMBER: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

**PROJECTED AVERAGE DAILY ENROLLMENT**  
**JULY THROUGH JUNE**

	(1)	(2)	(3)	(4)	(5)
<b>PROGRAM TYPE</b>	<b>PUBLIC SCHOOL PUPILS ADE</b>	<b>PRIVATE PLACEMENTS</b>		<b>TOTAL PUPILS ADE</b>	<b># OF CLASSES</b>
		<b>IN STATE ADE</b>	<b>OUT OF STATE ADE</b>		
Auditory Impairments					
Autism					
Behavioral Disabilities					
Cognitive Mild					
Cognitive Moderate					
Cognitive Severe					
Learning and/or Lang. Disability Mild to Moderate					
Learning and/or Lang. Disability Severe					
Multiple Disabilities					
Preschool Disabilities					
Visual Disabilities					
<b>TOTAL PROJECTED ADE</b>					

**TEN MONTH PROGRAM**

Date of Opening Day of School: \_\_\_\_\_

Number of Days in Session: \_\_\_\_\_

Length of School Day: \_\_\_\_\_ Hrs.

Starting Time: \_\_\_\_\_

Ending Time: \_\_\_\_\_

Type of School: Day \_\_\_ Residential \_\_\_

**EXTENDED SCHOOL YEAR PROGRAM**

Date of Opening Day of School: \_\_\_\_\_

Number of Days in Session: \_\_\_\_\_

Length of School Day: \_\_\_\_\_ Hrs.

Starting Time: \_\_\_\_\_

Ending Time: \_\_\_\_\_

Type of Organization: Nonprofit \_\_\_\_\_ Profit \_\_\_\_\_

<b><u>Administrative Personnel</u></b>	<b><u>NAME</u></b>	<b><u>FAX Number</u></b>	<b><u>Phone Number</u></b>	<b><u>E-Mail Address</u></b>
Director	_____	_____	_____	_____
Assistant Director	_____	_____	_____	_____
Executive Director	_____	_____	_____	_____
School Business Administrator	_____	_____	_____	_____
Business Manager	_____	_____	_____	_____
Principal	_____	_____	_____	_____
Assistant Principal	_____	_____	_____	_____
Vice Principal	_____	_____	_____	_____

Please designate the individual(s) that should receive all fiscal correspondence from the department by putting a check next to their name(s). If the title of the individual(s) is not indicated, you may add information in the blank spaces.

**STATE OF NEW JERSEY  
DEPARTMENT OF EDUCATION  
OFFICE OF SPECIAL EDUCATION PROGRAMS  
DIVISION OF FINANCE**

AFFIDAVIT CERTIFYING THAT DAY CLASSES IN A PRIVATE SCHOOL ARE NON-SECTARIAN IN COMPLIANCE WITH THE RULES AND REGULATIONS OF THE NEW JERSEY STATE BOARD OF EDUCATION PURSUANT TO TITLE 18A:46 NEW JERSEY STATUTES ANNOTATED.

AFFIDAVIT\*

This is to certify that \_\_\_\_\_ located at \_\_\_\_\_ is a privately operated school and/or educational facility and is profit making \_\_\_\_ or non-profit \_\_\_\_ organization providing non-sectarian services. It is further certified that the program meets the standards of and is conducted in full compliance with the Rules and Regulations of the New Jersey State Board of Education adopted pursuant to N.J.S.A. 18A:46, N.J.A.C. 6A:23A-18.1 through 4.16, N.J.A.C. 6A:14 et seq., Individuals with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, and Title II and III of the Americans with Disabilities Act, P.L. 101-336.

I hereby certify that all information submitted to the New Jersey Department of Education, by the undersigned is to the best of my knowledge accurate. It is further certified that all costs listed are directly attributable to the education of disabled children received from the public schools of New Jersey or private placements in the same classrooms with New Jersey public school children. It is understood that the submission of erroneous and/or misleading information may lead to the prosecution by the State of New Jersey.

I further certify that all professional staff are appropriately certified for the positions, which they hold. I assure the Department of Education that all necessary health, safety, and necessary emergency procedures will be followed. It is further agreed that an end-of-year adjusted tuition rate will be determined by a certified audit report, which may involve an increase, or decrease in the projected tuition rate assigned this private school, which, in turn, may involve refunds or additional charges to the sending public school districts.

I agree to cooperate with any Division of Family and Youth Services investigation into alleged child maltreatment; and if applicable, I will submit written corrective action plans in a timely manner, as per the remedial recommendations of that office. In the event that appeal of the investigative finding is sought, I will immediately provide written notification to the Office of Special Education Programs.

\_\_\_\_\_  
(Signature Board President/Chairperson)  
\_\_\_\_\_  
(Print or type name) \_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature Director in Charge)  
\_\_\_\_\_  
(Print or type name) \_\_\_\_\_  
(Date)

This affidavit must be executed before an individual authorized by law to administer oaths.

State of \_\_\_\_\_ County of \_\_\_\_\_ on this \_\_\_\_\_

Day of \_\_\_\_\_, 20\_\_ personally appeared before me the said \_\_\_\_\_ and

\_\_\_\_\_ known to be the individuals described in and who executed the foregoing instrument, and they duly acknowledge to me that they execute the same, and that the statements contained therein are true.

(Official Seal)

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Official Title