



STATE OF NEW JERSEY  
DEPARTMENT OF EDUCATION

Annual Nonpublic School Nursing Report Form  
Description of the Type and Number of Services Provided  
During the 2021-22 School Year

**Instructions**

1. The nonpublic school must fill out this form by **June 30, 2022** and provide to the district by the **first week in September**.
2. The district providing health services to nonpublic schools must submit this form annually to the executive county superintendent on or before **October 1** and shall provide a copy to the chief school administrator of the nonpublic schools within school district boundaries.

Nonpublic school name:

Prepared by:

**A. Basic Nursing Services: Number of Students Served<sup>1</sup>**

1. **Creation or update of student health records**, including immunization record review: number of students served (unduplicated count):

**Notes:**

- *This number is required in the Nonpublic Project Completion Report submitted by districts each fall.*
- If number is not available, substitute the following number: Total number of students eligible for nursing services minus number of students who declined services.

2. **Assisted with medical examinations**, including dental screenings: number of students served (unduplicated count):
3. **Audiometric screening**: number of students served (duplicated count):
4. **Scoliosis examinations**: number of students served (duplicated count):
5. **Emergency care**: number of students served (duplicated count):

**B. Additional Medical Services (Provide a brief description & number of students served. Attach an additional sheet, if necessary.)**

1. Description:  
Number of Students Served:
2. Description:  
Number of Students Served:

**C. Nonconsumable equipment purchases greater than \$500 (e.g., tympanometer, gurney). Provide a brief description.**

**D. The above is an accurate representation of services delivered during the previous school year.**

Name of nonpublic school nurse: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name of nonpublic school administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name of Chief School Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

<sup>1</sup>If a school is not using funds for the listed activity, mark "0"