

**New Jersey Department of Education
 Nonpublic School Student Application for Chapter 193 Services:
 Evaluation & Determination of Eligibility for Services
 (Form 407-1)**

This application form is for the parent/guardian to request evaluation and determination of eligibility for services for his/her child. The parent/guardian must complete the application and submit it to the nonpublic school or directly to the public school district where the nonpublic school is located (not the district where the parent /guardian resides). A *separate* application must be submitted for each service requested.

Nonpublic School Information

School:		
Address:		
City:	Zip Code:	County:
Telephone:	Principal:	

Student Information

Name (Last):		(First):
Grade:	Birth Date (mm/dd/yy):	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary
Address:		
City:	Zip Code:	County:
Parent's home phone:		Parent's cell phone:
Parent's email address:		

Student Data (Required for NJ SMART)

Race/Ethnicity: <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Pacific <input type="checkbox"/> White					
City of Birth:	State of Birth:	Country of Birth:			
Resident District:					
Resident Public School:					

Nonpublic School Student Application for Chapter 193 Services for Non-NJ Residents

Nonpublic School Name:

Student Name (last, first):

Parent/Guardian Certification

I hereby request that my child, named above, receive the services indicated herein pursuant to Chapter 193 Laws. I certify 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 (mm/dd/yy):

Service Requested: Chapter 193 Evaluation and Determination of Eligibility for Services

Check one:

Initial application for service (choose A or B) Application to continue service (choose C or D)

Initial application for service:

- A.) Initial Evaluation
B.) Speech-only Evaluation (when no other 193 evaluation is being requested or provided)

Application to continue service:

- C.) Annual Review
D.) Reevaluation

District Determination

(The district responsible for providing services completes this section by providing an electronic or actual signature. If the district contracts with a third party provider and the contract allows it, the provider may sign this section.)

Name of Public School District:

Name of Service Provider if Other than District:

Date Application Received (mm/dd/yy):

Month Services Can Begin:¹

Signature of Chief School Administrator or Designee:

Signature Date (mm/dd/yy):

¹ Month services can begin depends on date of 407-1 receipt and cut off dates for additional funding request provided by NJDOE each August: click on *ADDL* in [NJDOE Homeroom](#) and refer to "Per Pupil Rates and Monthly Availability/Proration Schedule"