



STATE OF NEW JERSEY DEPARTMENT OF EDUCATION

Annual Nonpublic School Nursing Report Form Description of the Type and Number of Services Provided During the 2023-24 School Year

Instructions

1. The nonpublic school must fill out this form by **June 30, 2024** 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 Served¹

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: _____

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