

School Year:

For New Jersey Residents Only

New Jersey Department of Education
Nonpublic School Student Application for Chapter 192 Services:
(Form 407-1)

This application form is for the parent/guardian to request Chapter 192 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 resides). A *separate* application must be submitted for each service requested.

Nonpublic School Information

School:

Address:

City:

Zip Code:

County:

Telephone:

Principal:

Student Information

Last Name:

First Name:

Grade:

Birth Date (mm/dd/yy):

Gender:

Female

Male

Non-binary

Address:

City:

Zip Code:

County:

Parent's home phone:

Parent's cell phone:

Parent's email address:

Parent/Guardian Certification

I hereby request that my child, named above, receive the services indicated herein pursuant to Chapter 192 and 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.

Name of Parent/Guardian:

Signature:

Date (mm/dd/yy):

Nonpublic School Student Application for Chapter 192 Services

Nonpublic School Name: _____

Student Name (last, first): _____

Service Requested

Check the Chapter 192 service requested (from 1–3 below) and provide the requested information in the corresponding section.

1. Compensatory Education Services
2. English Language Services
3. Home Instruction Services

1. Compensatory Education Services

a. Application type

Select one: Initial Application for Service Application to continue service

b. Subject area

Select one:

Reading and Writing

Reading

Writing

Math

c. Eligibility Criteria

Grades K–2

(Grade K must be in school 30 days before submitting initial application.)

Must include 3 of the 4 listed below (select 3):

Teacher and parent survey, interviews, observational assessments

Work samples collected over time, including performance based assessments

Developmental screenings

Report cards, test, projects

Grades 3–12

Assessment Name: _____

Score below 35th National Percentile (NP): _____

Grade 12: You must attach additional criteria: Additional criteria attached.

Grade 3–11: If the score is between 35th and 39th NP, you must attach additional criteria.

Additional criteria attached.

Exception for students transitioning from 193 services

CST recommendation

Nonpublic School Student Application for Chapter 192 Services

Nonpublic School Name: _____

Student Name (last, first): _____

2. English Language Services

a. Application type

Select one: Initial Application for Service Application to continue service

b. Student's Native Language:

c. Eligibility Criteria

Home Language Survey results:

WIDA Score: _____ Date Test Administered (mm/dd/yy): _____

Check to indicate that the following are attached:

Multiple indicators

Copy of Parent Placement Letter

3. Home Instruction Services

Physician's letter attached

Physician's Name: _____

Physician's Telephone: _____

Student's Diagnosis: _____

Reason for Home Instruction:

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. The 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."

Name of Public School District: _____

Name of Service Provider if other than District: _____

Date application received (mm/dd/yy): _____

Month Services can begin: _____

Signature of Chief School Administrator or Designee: _____

Date (mm/dd/yy): _____