

School Year:

For New Jersey Residents Only

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

This application form is for the parent/guardian to request Chapter 193 services (special education evaluation/determination of eligibility and related 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:			

**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.

Print Name of Parent/Guardian:	
Signature:	Date (mm/dd/yy):

## Nonpublic School Student Application for Chapter 193 Services

Nonpublic School Name:

Student Name (last, first):

### Service Requested

Check one service requested (from 1–3 below) and provide the requested information.

1.  Chapter 193 Evaluation and Determination of Eligibility for Services

**Check one:**  Initial Evaluation  Annual Review  Reevaluation

2.  Chapter 193 Supplemental Instruction

**Check one:**  Initial application for service  Application to continue service

**Supplemental Instruction:** Student's Eligibility (NJ) Category:

3.  Chapter 193 Speech-Language Evaluation & Services

**Check one:**  Initial application for service  Application to continue service

Choose A or B below:

A.  **Speech-Language Evaluation** (If student is evaluated and found eligible for speech-language services, a separate 407-1 must be provided; district will be reimbursed for either the evaluation *or* the service, not both.)

B.  **Speech-Language Services** (If student is evaluated and found eligible for speech-language services, a separate 407-1 must be provided; district will be reimbursed for either the evaluation *or* the service, not both.)

Student's Eligibility (NJ) Category:

### 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:<sup>1</sup>

Signature of Chief School Administrator or Designee:

Signature Date (mm/dd/yy):

<sup>1</sup> 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"