

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**

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:			

**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 192 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 192 Compensatory Education Services

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

b. **Select one:**

- Reading and Writing
- Reading
- Writing
- Math

c. **Eligibility Criteria**

**Grades 3–12:**

Assessment Name:

Score:

Other criteria if score is between 40th and 49th percentile inclusive:

**Grades K–12<sup>1</sup>** must include 3 of the 4 listed below: (select three)

- Teacher and parent survey, interviews, observational assessments
- Work samples collected over time, including performance based assessments
- Developmental screenings
- Report cards, test, projects

**Exception for students transitioning from 193 services:**  CST recommendation

2.  Chapter 192 English Language Learner (ELL) Services

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

b. Student's Native Language:

c. **Eligibility Criteria:**

Assessment Name:

Score:

Date Test Administered (mm/dd/yy):

3.  Chapter 192 Home Instruction Services

Physician's Name:

Physician's Telephone:

Student's Diagnosis:

Reason for Home Instruction:

<sup>1</sup> Grade K must be in school 30 days before submitting initial application.

## Nonpublic School Student Application for Chapter 192 Services

Nonpublic School Name:

Student Name (last, first):

### 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>2</sup>

Signature of Chief School Administrator or Designee:

Signature Date (mm/dd/yy):

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<sup>2</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"