



# STATE OF NEW JERSEY DEPARTMENT OF EDUCATION

## Annual Nonpublic School Nursing Report Form Description of the Type and Number of Services Provided During the 2025-26 School Year

### Instructions

1. The nonpublic school nursing services provider must fill out this form by **June 30, 2026** and provide to the school district and the nonpublic school by the **first week in September**.
2. The responsible school district providing nursing 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 lead school administrator of the nonpublic schools within school district boundaries.

Nonpublic school name:

Prepared by:

### A. Basic Nursing Services: Number of Students Served<sup>1</sup>

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:

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