



**SCHOOL YEAR:  
2025/2026**

**APPLICATION FOR  
CHAPTER 193 EVALUATION  
& DETERMINATION (FORM 407-1)**

732.276.1762 • [INFO@ONTRACKRESOURCES.NET](mailto:INFO@ONTRACKRESOURCES.NET)



All 407 forms need to be  
mailed or dropped off at our office:

**1300 W County Line Rd.  
Lakewood, NJ 08701**

*WITH*

**TWO proof of residences**  
*(ie: a copy of a recent utility bill AND a license\*)*  
& a copy of  
**child's birth certification**

*AFTER HOURS: paperwork can be left in the  
drop box right outside the front door.*

***Please make sure to sign section 5 of the form.***

\*please see acceptable proof of residence page 4

**New Jersey State Department of Education  
Nonpublic School Student Application for  
Chapter 193 Evaluation & Determination (Form 407-1)  
School Year: 2025/2026**

This application form is for the parent/guardian to request auxiliary/remedial services for his/her child. The parent/guardian completes the application and submits 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.

**1. NONPUBLIC SCHOOL**

Registered School Name:		School Building:	
Address:		City: Lakewood	
Telephone:	Principal:	Zip Code: 08701	County: Ocean

**2. STUDENT**

Last Name:		Middle Name:	
First Name (legal):		Student Nickname:	
Address:		Grade:	Birth Date:
Zip Code:	City:	County:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Phone:	Cell Phone:	Parents' email address:	

**3. STUDENT DATA**

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:	Native Language:
Resident District Name: <b>LAKWOOD</b>		Resident Public School:	

**4. CHAPTER 193 SERVICES**

<b>Choose section A or B and complete all relevant information. (Must select one)</b>		<b>Office Use Only</b>
<b>A. Initial application for services:</b>	<b>B. Application to continue services:</b>	
<input type="radio"/> <b>Initial Evaluation</b> <b>Reason:</b> <hr/> <hr/> <hr/>	<input type="radio"/> <b>Annual Review</b>  <input type="radio"/> <b>Re-Evaluation</b>	
		<b>Classification:</b> <b>Attempts: ___ 1 ___ 2 ___ 3</b>

**5. PARENT/GUARDIAN REQUEST**

I hereby request that my child, named above, receive the services indicated herein pursuant to 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:** \_\_\_\_\_

**6. DISPOSITION (The district board of education responsible for providing services completes this section.)**

Date Application Received:	Update Received:	
Services Not Provided (state reason):		
Name of Service Provider if Other Than District:		
Public School District: LAKWOOD PUBLIC SCHOOLS	193 Office Signature:	Date:

- District keeps a copy for its records and where applicable forwards a copy to the contracted service provider
- District keeps a copy for IDEA services when the student is eligible for supplementary instruction and/or speech-language services

## **Proof of Residency**

We now require **2 Proofs of Residency** to be submitted to the office with all Initials, Referrals, and Brand new students. Proof of residency must come from the student's parent/legal guardian. These are the only Proofs of Residency we will accept. **Must** be one from each category.

### **1 Primary Proof-**

Cable, Gas, Water, Electric, Bank Statement, Mortgage Statement, or Letter from Social Services or Medicaid.

### **1 Secondary Proof-**

Valid Driver's License, Cell Phone Bill, Credit Card Statement, or Car Payment Statement.

### **Must be within the last 45 days**

Only **Clear & Legible** proofs will be accepted. If submitting a bill, submit the entire copy of the page. We must always have all 4 corners.

### **Documents for Change of Address-**

2 Proofs of Residency

**\*\*If you are submitting an updated service plan or resubmission (and have already provided two proofs of residency) then you only need to submit 1 Primary Proof.**