

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

School Year: 2024/2025

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:		Program (Home School):	
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: LAKWOOD		Resident Public School:	

4. CHAPTER 193 SERVICES

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

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