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| ***School Year: 2017-2018***  **New Jersey State Department of Education**  **Nonpublic School Student Application for Chapter 192 ESL only (Form 407-1)** |

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

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| 1. **NONPUBLIC SCHOOL** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| School: | | | | | | | | | | | | | | | | | Zip Code: | | | | | | | | | | | County: | | | | | | |
| Address: | | | | | | | | | | | | | | | | | City: | | | | | | | | | | | | | | | | | |
| Telephone: | | | | | | | | | Principal: | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. **STUDENT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name (last): |  | | | | | | | | | | | | | | | | Telephone: | | | | | | | | | | | | | | | | | |
| Name (first): |  | | | | | | | | | | | | | | | | Grade: | | | | | | | | | Birth date: | | | | | | | | |
| Address: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City: | | Zip Code: | | | | | | | County: | | | | | | | | Gender: □ Male □ Female | | | | | | | | | | | | | | | | | |
| Parents’ cell phone: | | | | | | | | | | | | | | Parents’ email address: | | | | | | | | | | | | | | | | | | | | |
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| 1. **STUDENT DATA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Race/Ethnicity: □ American Indian □ Asian □ Black □ Hispanic □ Pacific □ White | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City of Birth: | | | | | State of Birth: | | | | | | | | | | | | | | | | | Country of Birth: | | | | | | | | | | | | |
| Resident District Name: | | | | | | | | | | | | | | Resident Public School: | | | | | | | | | | | | | | | | | | | | |
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| 1. **CHAPTER 192 SERVICES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Check one:** □ Initial application for service □ Application to continue service | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Service requested** (complete one form for each service requested) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **a)** □ English Language Learner  NATIVE LANGUAGE:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | **\_\_ Observation**  **\_\_ Test Booklet**  **\_\_ Parent Letter** (Native Language) | | | | | | | | | | | | | | | **Assessment Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Assessment Color: ­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Assessment Score: ­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date Test Administered:­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | |
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| 1. **PARENT/GUARDIAN REQUEST** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I hereby request that my child, named above, receive the services indicated herein pursuant to Chapter 192 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:** | | | | | | | | | | | | | | | |
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| 1. **DISPOSITION** (The district board of education responsible for providing services completes this section.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date Application Received: | | | | | | | | Date Services Began: | | | | | | | | | | | | | | | | Date Services Ended: | | | | | | | | | | |
| Services Not Provided (state reason): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Service Provider if Other Than District: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Public School District:  LAKEWOOD PUBLIC SCHOOLS  Lakewood, NJ 08701\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | Signature of Chief School Administrator:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | 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