New Jersey State Department of Education
Nonpublic School Student Application for
Chapter 192 ESL (Form 407-1)
School Year: 2023/2024

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

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

2. STUDENT (Parent/Guardian complete this section)

Last Name		Home Phone:		
First Name: (Legal)		Grade:	Birth date:	
Middle Name:		**Nickname:**		
Address:				
City:	Zip Code:	County:	Gender: □ Male	□ Female
Parent's Name:		Parent's Email:		

3. STUDENT DATA (Parent/Guardian complete this section)

Race/Ethnicity: □ American Indian □ Asian □ Black □ Hispanic □ Pacific □ White		
City of Birth:	State of Birth:	Country of Birth:
Resident District Name:	Resident Public School:	

4. CHAPTER 192 SERVICES

Service requested (complete one form for each service requested)

a) □ English Language Learner
NATIVE LANGUAGE OF STUDENT: _____

CHECK ONE:
_____ Initial Application
_____ Continuation of Placement

Assessment Name: _____ **Assessment Score:** _____

Date Test Administered:_____ **FALL** _____ **SPRING**_____

___ Test Score Page
___ Letter to Parent in Native Language
___ ELL Home Language Survey
___ Teacher Observation Form
___ ELL Records Review

5. PARENT/GUARDIAN REQUEST (Parent/Guardian complete this section)

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:

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

Date Application Received(BOE):	Date Services Began:	Date Services Ended:
Services Not Provided (state reason):		
Name of Service Provider if Other Than District:		

Public School District: 192/193 Office Signature: Date:
LAKEWOOD PUBLIC SCHOOLS
Lakewood, NJ 08701_____ _____ _____

- 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