

**New Jersey State Department of Education**  
**Nonpublic School Student Application for Chapter 192 Home Instruction (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 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.

**1. NONPUBLIC SCHOOL**

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

**2. STUDENT (Parent/Guardian complete this section)**

Last Name	Telephone:		
FirstName (Legal)	Grade:	Birth date:	
Middle Name:	Nickname:		
Address:			
City:	Zip Code:	County:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Home phone:	Cell phone:	Email address:	

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

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

**4. CHAPTER 192 HOME INSTRUCTION SERVICES (MUST BE COMPLETED)**

<p><b>Documents needed to be submitted:</b></p> <ul style="list-style-type: none"> <li>a) Homebound Assessment Form (doctor)</li> <li>b) Homebound Instruction Form (parent)</li> <li>c) Script for Home Instruction (start and end date included)</li> <li>d) Specialist Report/Consult Notes</li> <li>e) Proof of registration in a Non-Public School&lt;INITIAL ONLY&gt;</li> <li>f) Birth Certificate and Proof of Address&lt;INITIAL ONLY&gt;</li> </ul>	Physicians Name:
	Physicians Telephone:
	Diagnosis:
	Specialist Name and Phone Number:
Reason for Home Instruction:	

**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: LAKEWOOD PUBLIC SCHOOLS Lakewood, NJ 08701	192/193 Office Signature: _____	Date: _____
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- 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