

**New Jersey State Department of Education
Nonpublic School Student Application for
Chapter 193 Supplemental 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 completes 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:	Grade:	Birth date:
First Name Legal	Nickname	
Middle Name:	Home Phone Number () -	
Address:		
City:	Zip Code:	County:
Gender: <input type="checkbox"/> Male		<input type="checkbox"/> Female
Mother's / Legal Guardian name		Father's / Legal Guardian name

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: LAKEWOOD		Resident Public School:

4. CHAPTER 193 SERVICES

Check one: <input type="checkbox"/> Initial application for service <input type="checkbox"/> Application to continue service <input type="checkbox"/> Updated Service Plan	
Service requested (complete one form for each service requested)	
<input type="checkbox"/> SUPPLEMENTAL INSTRUCTION Student's Eligibility – Classification: _____ SI Math _____ # of sessions per week SI LA/Reading _____ # of sessions per week	<p style="text-align: center;">Service Plan Dates</p> Start: _____ End: _____ Parent signature on Service Plan: Yes or No 15 Day Delay: Yes or No Waiver / Email/ Letter/ Etc : Yes or No

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 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(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