

NJ RESIDENT ONLY

192 SERVICES

**New Jersey Department of Education
NONPUBLIC SCHOOL STUDENT
APPLICATION SCHOOL YEAR: 2020-2021**

This application form is for the parent/guardian to request Chapter 192 services for his/her child. The parent/guardian must complete the application and submit it to the nonpublic school or directly to the public school 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 INFORMATION:

School: _____ Principal: _____
Address: _____ Phone: _____
City: _____ Zip: _____ County: _____

2. STUDENT INFORMATION:

Student **LAST** Name: _____ Student **FIRST** Name: _____
Address: _____
City: _____ Zip: _____ County: _____
Home Phone: _____ Parent's Cell Phone: _____
Parent's email address: _____
Gender: Male Female Birth Date: _____ Grade (as of 9/1/2020) _____

3. CHAPTER 192 COMPENSATORY EDUCATION SERVICES (COMPLETE ONE FORM FOR EACH SERVICE REQUESTED):

CHECK ONE: Initial Application for Service Application to Continue Service

SERVICE REQUESTED (CHECK ONLY ONE) READING and WRITING READING WRITING MATH

Eligibility Criteria:

Grade 3-12: Assessment Name: _____ **Score:** _____

Other criteria if score is between 40th - 49th percentile inclusive:

Grades K¹ - 2 (must include 3 of the 4 listed below):

- Teacher and parent survey, interviews, observational assessments
- Work samples collected over time, including performance based assess
- Developmental screenings, checklists
- Report cards, tests, projects

Exception for students transitioning from 193 services: CST Recommendation

CHAPTER 192 ESL SERVICES CHECK ONE: Initial Application for Service Application to Continue Service

Eligibility Criteria:

Assessment Name: _____ **Score** _____ **Date Test Administered:** _____

CHAPTER 192 HOME INSTRUCTION SERVICES Physician's Name and Phone: _____

Student's Diagnosis: _____ **Reason for Home Instruction:** _____

4. PARENT/LEGAL 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 herein pursuant to law and regulations.

PRINT Name of Parent/Legal Guardian SIGNATURE Date

DISPOSITION The District Board of Education responsible for providing services completes this section.

Date Application Received _____ Month Started ² _____

Name of Service Provider if other than District: **The ESC of Morris County**

Public School District: _____ Signature of Chief School Administrator/Designee _____ Date _____

¹Grade K must be in school 30 days before submitting initial application.

²Services will begin based on the date of the 407-1 receipt and on the cutoff date for additional funding. For additional funding: click on ADDL in [NJDOE Home room](#) and refer to Per Pupil Rates and Monthly Availability/Proration Schedule

*District keeps a copy for its records and where applicable forwards a copy to the contracted service provider