

**New Jersey State Department of Education Nonpublic School Student Application for
Chapter 193 Speech and Language Services (Form 407-1)**

School Year: 2024/2025

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.

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

1. STUDENT (Parent/Guardian complete this section)

Last Name:	Grade:	Date of Birth:	
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 Name and Father's Name (Guardian):		Parents' Email Address:	

2. 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:

3. 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"/> Speech Evaluation <input type="checkbox"/> Speech and Language Services Student's Eligibility – Classification: _____ 15 Day Start Date Delay: YES or NO Parent Consent to Implement Services: YES or NO	Please provide the following dates: Initial Referral Date: _____ Initial Eligibility Date: _____ Annual Meeting Date: _____ Most Recent Reevaluation: _____ Service Plan Dates: Start: _____ End: _____ Frequency: _____ times per week

4. 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:

1. 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:

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