



State of New Jersey  
DEPARTMENT OF EDUCATION  
PO Box 500  
TRENTON, NJ 08625-0500

CHRIS CHRISTIE  
Governor

KIM GUADAGNO  
Lt. Governor

CHRISTOPHER D. CERF  
Acting Commissioner

June 3, 2011

TO: Directors, Private Schools for Students with Disabilities

FROM: Elise Sadler-Williams, Planning Associate *ESW*  
Office of Fiscal Policy and Planning  
Division of Finance and Regulatory Compliance

SUBJECT: School Register Order Form for the 2011-2012 School Year

Private schools for students with disabilities have expressed an interest in ordering school registers for the 2011-2012 school year. You may order the Standard (A-1, T0010A) at \$7.50 or the Expanded (A-1a, T0010B) at \$13.50 per copy. The registers are in inventory and are currently available. A School Register Order Form is attached. Please send your order along with a check for the indicated amount to the name and address at the top of the order form. **Please do not send orders to my office.**

If you have any questions, please call Margaret Szucsik at (609) 984-0549.

esw/C:\Users\ewilliam\AppData\Local\Microsoft\Windows\Temporary  
Files\Content.Outlook\VLG7UAYW\2011-2012 School Register Order.doc

Internet

Attachment

c: Margaret Szucsik

**DEPARTMENT OF EDUCATION  
DIVISION OF DEPUTY COMMISSIONER  
OFFICE OF PUBLICATIONS AND DISTRIBUTION SERVICES  
PO BOX 500  
TRENTON, NJ 08625-0500  
(609) 984-0905**

**SCHOOL REGISTER ORDER FORM 2011-2012**

FORM NUMBER	DESCRIPTION	UNIT COST	QUANTITY REQUESTED	TOTAL AMOUNT
A-1 T0010A	School Register-Standard	\$7.50	_____	\$_____
A-1a T0010B	School Register-Expanded	\$13.50	_____	\$_____
<b>Grand Total</b>				

**ORDER PAYMENT INFORMATION**

Please remit check, money order, or purchase order for the grand total dollar amount to **the name and above address**. Checks should be made payable to:

**“Treasurer, State of New Jersey”**

Agency purchase orders should be made out to the “New Jersey State Department of Education”

Please print or type the name and address where order is to be forwarded:

Individual Name: \_\_\_\_\_

District Office: \_\_\_\_\_

Address: Street \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Once completed, return the form to the New Jersey State Department of Education, Publications & Distributions Services, PO Box 500, N.J. 08625-0500