



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

May 11, 2012

TO: Directors, Private Schools for Students with Disabilities

FROM: Elise Sadler-Williams, Planning Associate
Division of Administration and Finance
Office of School Finance

A handwritten signature in cursive script, appearing to read "ESW".

SUBJECT: School Register Order Form for the 2012-2013 School Year

Private schools for students with disabilities have expressed an interest in ordering school registers for the 2012-2013 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/bf/G:\Annual Information\2012-2013\2012-2013 School Register Order.docx
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 2012-2013

FORM NUMBER	DESCRIPTION	UNIT COST	QUANTITY REQUESTED	TOTAL AMOUNT
A-I T0010A	School Register-Standard	\$7.50	_____	\$_____
A-Ia T0010B	School Register-Expanded	\$13.50	_____	\$_____
Grand Total				

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 by **May 25, 2012********