



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

CHRIS CHRISTIE  
Governor

KIM GUADAGNO  
Lt. Governor

BRET SCHUNDLER  
Commissioner

June 21, 2010

TO: Directors, Private Schools for Students with Disabilities

FROM: Jim Verner, Section Supervisor  
Office of Fiscal Policy and Planning, Division of Finance

SUBJECT: School Register Order Form for the 2010-2011 School Year

Private schools for students with disabilities have expressed an interest in ordering school registers for the 2010-2011 school year. You may order the Standard (A-1, T0010A) at \$6.50 or the Expanded (A-1a, T0010B) at \$12.50 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.

JV/elise/G:\Elise\Annual Information\2010-2011\2010-2011 School Register Order.doc

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 2010-2011**

FORM NUMBER	DESCRIPTION	UNIT COST	QUANTITY REQUESTED	TOTAL AMOUNT
A-1 T0010A	School Register-Standard	\$6.50	_____	\$_____
A-1a T0010B	School Register-Expanded	\$12.50	_____	\$_____
<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