

## Directions

Please complete this form and forward to <u>nonpublic@doe.nj.gov</u> NJDOE Office of Nonpublic Schools.

We recommend that you also email the completed form to the School Business Administrator in the public school district in which the nonpublic school is located. Contact information for the School Business Administrators can be found in the <u>NJ School Directory</u>.

## Information

Nonpublic	c Schoo	l Name:												
Nonpublic	Nonpublic School Code (must be included):													
Physical A	hysical Address:													
Mailing A	ddress:													
City:						State	: NJ	Zip	Code:					
Telephone Number:						Emai	Email:							
Primary C	Primary Contact Person:													
Title of Position:														
Public School District in which nonpublic school is located:														
County in which nonpublic school is located:														
Please che closure.	eck the	box(es)	that refle	ect all th	e Grade	Level(s)	educate	ed at this	s school/	facility a	t the tim	e of its pe	rmanent	
K	1	2	3	4	5	6	7	8	9	10	11	12		
Closure Data and Student Records														
Nonpublic school will be closed permanently on (MM/YYYY):														
Indicate w	here st	udent re	cords wi	ll be loc	ated:									

## Signature

Signature: Nonpublic School Administrator