

State of New Jersey

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

SCHOOL REGISTER ORDER FORM 2015-2016

FORM NUMBER	DESCRIPTION	UNIT COST	QUANTITY REQUESTED	TOTAL AMOUNT
A-1 T0010A	School Register-Standard	\$8.00	_____	\$_____
A-1a T0010B	School Register-Expanded	\$14.00	_____	\$_____
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, please return this form to the New Jersey State Department of Education, Publications & Distributions Services, PO Box 500, N.J. 08625-0500.