



State of New Jersey

DEPARTMENT OF EDUCATION

PO Box 500

TRENTON, NJ 08625-0500

CHRIS CHRISTIE  
*Governor*

KIM GUADAGNO  
*Lt. Governor*

CHRISTOPHER D. CERF  
*Commissioner*

April 19, 2013

TO: Directors, Private Schools for Students with Disabilities

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

SUBJECT: School Register Order Form for the 2013-2014 School Year

Private schools for students with disabilities have expressed an interest in ordering school registers for the 2013-2014 school year. You may order the Standard (A-1, T0010A) at \$8.00 or the Expanded (A-1a, T0010B) at \$14.00 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\bc\G\Annual Information\2013-2014\2013-2014 School Register Order.docx

Attachment

c: Margaret Szucsik

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 2013-2014**

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	_____	\$_____
<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 by **May 10, 2013**\*\*\*\**