



EAST RUTHERFORD PUBLIC SCHOOLS

Office of the Board of Education

100 Uhland Street

East Rutherford, NJ 07073

Phone: (201) 804-3100 ♦ Fax: (201) 933-1845

www.erboe.net

PRE-K PAYMENT REQUEST FORM

PAYEE NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

DATE OF WRITTEN NOTIFICATION _____

Vacant spot filled: _____ YES _____ NO

If applicable, name of student replacement: _____

Principal's Signature _____ *Date* _____

If refund is being made without a student replacement, Superintendent's signature is required.

Superintendent's Signature _____ *Date* _____

PLEASE NOTE: Approximate processing time – 15 business days from date of receipt by Accounts Payable Department. Improperly completed form or notification submitted to the Business Office will not be processed and will be returned to the Principal's Office.

Business Administrator's Signature _____ *Date* _____

Payment Date _____ Check Number _____ Initials _____