FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
OMP Numbor:	222E U2								

Estimated average burden hours per response: 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					UI	Secui	JII 30(II)	OI LITE	e investment C	onipany Act	01 1940						
1. Name and Address of Reporting Person* FORTE DEBORAH A					2. Issuer Name and Ticker or Trading Symbol SCHOLASTIC CORP [SCHL]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
													Office	give title		(specify	
(14)	/=	:	(N 4: -1 -11 -)		3 [Date of	f Earline	t Tran	saction (Mont	n/Day/Vear)		\dashv	X below)		belov		
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 09/01/2005							EVP & President, SEI				
C/O CORPORATE SECRETARY																	
SCHOLASTIC CORPORATION				\vdash													
					_ 4. l	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street)													,	iled by One F	Reporting Per	son	
NEW YO	ORK N	Y	10012											•	than One Re		
-					-								Perso				
(City)	(S	tate)	(Zip)														
		Tab	le I - Non	ı-Deri\	vative	e Sec	curitie	s A	cquired, Di	sposed c	of, or Bei	neficial	ly Owned	d I			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					saction								5. Amou		6. Ownership	7. Nature	
					Day/Ye	ar) if	xecution Date, any Month/Day/Year)		Code (Instr. 5)		d Of (D) (Instr. 3, 4		Benefici	ally (D)	Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership	
						Ι.		-		1.	(A) or	1	Reporte Transac			(Instr. 4)	
									Code V	Amount	(D)	Price	(Instr. 3	and 4)			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																
									s, options,								
1. Title of	2. Conversion or Exercise	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I	n Date,	4.		5. Num		6. Date Exercisable and 7.		7. Title an		8. Price of	9. Number of		11. Nature	
Derivative Security					Transaction Code (Instr. 8)		str. Derivative Securities		Expiration Day (Month/Day/Ye		Amount of Securities		Derivative Security	derivative Securities	Ownersh Form:	ip of Indirect Beneficial	
(Instr. 3)	Price of		(Month/Day						Underlyin			g	(Instr. 5)	Beneficially	/ Direct (D) Ownership	
Derivative Security						Acquired Derivative Sec (Instr. 3 and 4)								Owned Following	or Indire (I) (Instr.		
						Disposed of (D)								Reported Transaction	n(s)		
						(Instr. 3, 4 and 5)						(Instr. 4)					
					and 5)		 		Γ.	-							
												Amount or					
									Date	Expiration		Number of					
					Code	v	(A)	(D)	Exercisable	Date	Title	Shares					
Restricted Stock	(1)	09/01/2005		T	A		2,605		09/01/2008 ⁽¹⁾	(1)	Common	2,605	\$26.64 ⁽¹⁾	2,605	D		
Units							,		22.02/2000		Stock	/***		, , , ,			

Explanation of Responses:

1. Acquired under the Scholastic Corporation Management Stock Purchase Plan in lieu of cash bonus; to be converted into shares of Common Stock on a one-for-one basis upon expiration of the deferral period selected by the reporting person. Vests on third anniversary of the award date. Price is equal to 75% of the lowest closing price for the underlying Common Stock in the fiscal quarter ended August 31, 2005.

Teresa M. Connelly, Attorney-

in-fact ** Signature of Reporting Person Date

09/06/2005

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.