FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL							
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* Caponnetto Marianne 2. Date of Event Requiring Statement (Month/Day/Year) 09/22/2010			nent	3. Issuer Name and Ticker or Trading Symbol SCHOLASTIC CORP [SCHL]							
(Last) C/O CORPOF	(First) RATE SECRETA	(Middle) ARY,				4. Relationship of Reporting Person(s) to Issue (Check all applicable) X Director 10% Owner			(Month/Day/Year)		
557 BROADV						Officer (give title below)	Other (spe	, 10.	oplicable Line)	t/Group Filing (Check y One Reporting Person	
(Street) NEW YORK	NY	10012							Form filed b Reporting P	y More than One erson	
(City)	(State)	(Zip)									
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)				2. Amount of Securities Beneficially Owned (Instr. 4)				4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock	k					0	D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable a Expiration Date (Month/Day/Year)		ate	3. Title and Amount of Secur Underlying Derivative Securi				rcise Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
			Date Exercisable	Expiratio Date	n Title	.	Amount or Number of Shares	Derivative Security			

Explanation of Responses:

Marianne Caponnetto, by

Teresa M. Connelly, Attorney- 09/23/2010

in-fact

** Signature of Reporting Person Date

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 5 (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.