



DEPARTMENT OF EDUCATION 2025 NATIONAL SCHOOL CENSUS JUNIOR HIGH, SECONDARY, SENIOR HIGH AND NSoE SCHOOL

The National Department of Education (NDoE) uses an efficient method for gathering data from all schools in the country. Once a year forms are distributed and collected from all schools during School Census Week. This data will be used to chart the progress of the National Education Plan and assist provinces for future education services.

Principals are being asked to fill out these forms accurately and honestly as possible. The **Reference Point** of data collection is during the census week (**10th-14th March 2025**). Hold one copy for your school's record, send one copy to the District Education Officer (DEO) and two copies to the Provincial Education Advisor (PEA). The PEA will verify and send one form to the Statistics Branch of NDoE as the official record for your school.

The Department wants to thank you in advance for taking time to carefully fill out this form and for assisting us in gathering more accurate and useful data on schools in our country.

SECTION 1: SCHOOL DETAILS

This first section covers the basic contact details about your school.

1. School Name _____
2. School Code _____
3. Province Name _____
4. Province Code _____
5. District Name _____
6. District Code _____
7. LLG Name _____
8. Ward Name _____

9. What is the school status? *(Tick ✓ the appropriate box)* Operating Suspended Closed

10. Is your school under National Education System (NES) or a Private school? *(If you tick ✓ the NES box then answer question 11)*

- National Education System (NES) school Permitted school Private school

11. Is your school registered under the National Education System (NES)? *(Tick ✓ the appropriate box)*

- Yes No

12. What agency does your school belong to? *(Tick ✓ the appropriate box)*

- Government Catholic Evangelical Alliance United Church Lutheran Church
 Anglican Seventh Day Adventist Int'l Education Agency Others: _____

13. School sector: *(Tick ✓ the appropriate box)*

- Junior High School Secondary School Senior High School National School of Excellence

14. What is the level of your school? *(Tick ✓ the appropriate box)*

- 7 8 9 10 11 12 Other: _____

15. Where is your school located? *(Tick ✓ the appropriate box)*

- Urban Rural

16. Is your school a: *(Tick ✓ the appropriate box)*

- Day school only? Boarding school only? Mixed? (Day and Boarding school)

17. School Postal Address: _____

18. School Phone No: _____ 19. School Fax No: _____

20. School Email Address: _____

SECTION 2: SCHOOL FINANCES

This section covers the money your school received from various sources during 2024. Please be accurate as possible. If your school received no money from a particular source, please indicate with a dash (-) in the box below.

21. How much did your school actually receive from other sources in 2024?

(Only indicate the income your school received last year and not what it should have received. This should include any money received for ancillary staff salaries, school materials, school buildings, etc.)

Source of School Funds

Amount (in Kina)

Government Tuition Fee Subsidies:

K

Provincial Government Subsidies:

K

Local-level Government:

K

School fund raising activities:

K

Parents donations:

K

Politicians: _____

K

Project Fees:

K

Fees collection:

K

Overseas Donors: _____

K

Other: _____

K

Sub-total: _____

SECTION 3: STUDENT ENROLMENT / CLASSES / GRADUATES

This section covers information about the number of classes and students in your school. Most of this information will be taken from the school attendance books. Questions 23-28 ask you to include all students still on the school roll after **14th March 2025**. Only Question 22 asks you about last year's graduated students.

22. Please indicate the number of Grade 10 or 12 students who graduated with a High or Higher School Certificate last year from your school.

2024 Grade 10		
Male	Female	Total

2024 Grade 12		
Male	Female	Total

23. Please indicate the number of students currently boarding in your school at each grade and by gender.

(Write the number of boarding students only if you ticked "mixed" or "boarding only" in question 16 of section 1)

2025 Number of BOARDING Students (only) at Each Level							
Gender	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12	Total
Male							
Female							
Total							

24. How many classes does your school have in each grade this year?

Grade	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12	Total
No. of Classes							

25. How many students does your school have in each grade this year?

2025 Student Enrolment by Grade and Gender							
Gender	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12	Total
Male							
Female							
Total by Grade							

26. Indicate the total number of students enrolled in each grade, by year of birth and gender. If you have students born in years not indicated, then fill in those years in the blank spaces provided below 2000.

(Include all students still enrolled after 14th March 2025)

2025 Number of Students Enrolled by Age															
Year of Birth	Grade 7		Grade 8		Grade 9		Grade 10		Grade 11		Grade 12		Total		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	T
2013															
2012															
2011															
2010															
2009															
2008															
2007															
2006															
2005															
2004															
2003															
2002															
2001															
2000															
Total															

(These totals should be the same as the total number of students in each grade from question 25.)

27. Indicate the number of students repeating this year at your school by grade and gender.

2025 Number of Students Repeating							
Gender	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12	Total
Male							
Female							
Total							

(These totals should not exceed the total number of students in each grade from question 25 & 26.)

28. Indicate the number of students with special needs or disabilities this year at your school by grade and gender.

2025 Number of students with Special Needs or Disabilities								
	Gender	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12	TOTAL
Registered with Special Education Resource Centre (SERC)	Male							
	Female							
Not registered with Special Education Resource Centre (SERC)	Male							
	Female							
	Total							

(These totals should not exceed the total number of students in each grade from question 25 & 26.)

SECTION 4:

SCHOOL INFRASTRUCTURE DETAILS

This section covers the existing school infrastructure and how well board of management is managing each school.

29. Indicate the number of classrooms, storerooms, offices, staff-rooms, staff houses and other buildings in the school.

- Classrooms Staff houses Library Offices Computer Lab Staff-rooms
 Workshops Practical Skills Building Home Economics Building Science Lab
 Others

30. How many classrooms of each type and condition are there? *(Write the number in the boxes provided)*

Building Types	Permanent	Semi-Permanent	Bush Material
Total Classrooms			
How many classrooms require minor repair			
How many classrooms require major repair			

31. What is the number of toilet type(s) the students use?

Toilet Types	Permanent		Semi-Permanent		Bush Material	
	M	F	M	F	M	F
Septic Toilets (Flush/Pour)						
Shore Drop (Solwara)						
Pit Toilets:						
<i>Pit with Cover</i>						
<i>Pit without Cover</i>						
<i>Composting Toilet</i>						
*None						
Total Toilets						

**If school has no toilets, please circle none and leave blank.*

32. How many usable toilets does your school have? **Only fill in if your school toilets meet the definition of *usable.**

**Usable means toilets main doors are unlocked, the toilet is not broken, the toilet hole is not blocked, and water is available for flush/pour toilets, and there are closable doors that lock from the inside and no large gaps in the structure at the time of the questionnaire or survey.*

Total Toilets	Male Toilets	Female Toilets	*Common (Shared) Toilets

**Common (Shared) toilets means when a school does not have separate toilets for male and female students and all students use the same toilet(s).*

33. Where does the school get most of its drinking water from? *(Tick one)*

- Town Supply Tank Water Piped Water Bringing water from home
 Well/Spring [protected/unprotected]
(Circle one) Lake, Creek, River, Stream (Circle one) None

34. Is drinking water from the above main source currently available at the school? Yes No

35. Does the school have hand washing facilities with soap and water available? *(Tick one)*

- Yes, with both soap and water With water only With soap only No facilities with soap and water

36. What type of power supply does the school use? *(Tick one)*

- PNG Power Solar Generator Hydro Others: _____ *(Specify)*

SECTION 5:**ADDITIONAL INFORMATION**

37. In relation to the 1-6-6 school structure reform, indicate the year your school has implemented or will implement the reform structure.

38. In what year will your school be phasing in Grade 7 and Grade 8, if you are a Secondary school with grade structure from Grade 9-12? *(Tick applicable year for each grade)*

Grades 2025 2026

Grade 7

Grade 8

39. In what year will your school be phasing out Grade 9 and Grade 10, if you are a propose Senior High school? *(Tick applicable year for each grade)*

Grades 2025 2026 2027 2028 2029 2030

Grade 9

Grade 10

40. Does your school currently have a functional school board? *(Tick one)*

Yes No

If, yes how many meetings were conducted in the past 12 months?

41. Is the School Learning Improvement Plan (SLIP) for your school been endorsed by the PEB? *(Tick one)*

Yes No

42. Do you review the school's School Learning Improvement Plan (SLIP) annually? *(Tick one)*

Yes No

43. Did your school head receive training on finance and management in the past 12 months? *(Tick one)*

Yes No

44. Has your school been visited and observed in the past 12 months? *(Tick one)*

Yes No

45. Does your school currently have an endorsed PEB behavior management policy? *(Tick one)*

Yes No

46. Does your school have a science laboratory building? *(Tick one)*

Yes No

47. If No, where are the science lessons and experiments conducted?

48. Has a new science laboratory building been constructed at the school in the last 5 years? *(Tick one)*

Yes No

If yes, how was the building funded?

49. Has the school received the School Science Kits? (Tick one)

Yes No

If yes, where is the School Science kits stored and used?

50. Has staff training been conducted at your school for the use of the Science Kits?

Yes No

SECTION 6: TEACHER INFORMATION

This section provides key information for each teacher in your school. Fill out as much information as you can. You have to go to each teacher to get this information before completing the form. Also indicate each teacher's position.

The table below is to identify the number of teachers posted in your school with their highest qualification by gender.

No	Qualification	Male	Female
1	Bachelor in Education		
2	Diploma in Secondary Teaching		
3	Others (Specify)		
Total			

Please indicate the number of teachers in the table below

(Remember, if a teacher is teaching two grades, then that teacher is 0.5 in each grade. If a teacher is teaching 3 or 4 grades, divide accordingly)

2025 Number of Teacher			
Grades	Male	Female	Total
7			
8			
9			
10			
11			
12			
Total			

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Please fill in the tables below for all teachers that are **registered** and **retained**, **upgraded qualification** and the **teacher is new or transferred in**.

Teacher #		Position No:		National Identity Number:	
Surname _____		First Name _____		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth ____/____/____ (Day) (Month) (Year)
Nationality <input type="checkbox"/> PNG Citizen <input type="checkbox"/> Non PNG Citizen		Teacher Registration Number _____		Type of Employee (Tick <input checked="" type="checkbox"/> all that apply) <input type="checkbox"/> TSC Employee <input type="checkbox"/> Non TSC Employee <input type="checkbox"/> TSC Contract <input type="checkbox"/> TSC Volunteer	
File Number (TSC provided) _____	Teacher Registration Type (Tick <input checked="" type="checkbox"/> one) <input type="checkbox"/> Full <input type="checkbox"/> Provisional	What year did this teacher start teaching? _____yr		What is the highest teaching qualification obtained? (Tick <input checked="" type="checkbox"/> the highest only) <input type="checkbox"/> Diploma in Secondary Teaching <input type="checkbox"/> Bachelor in Education <input type="checkbox"/> Other (Specify) _____	
Certificate Number _____		Year of Issue _____	Issuing Instituti _____		
Do you have any other non-teaching qualification? <input type="checkbox"/> No <input type="checkbox"/> Yes			If Yes, state the qualification. _____		
What are the current subjects, classes and grades is this teacher currently teaching ?					
Subject			Grades		

Teacher #		Position No:		National Identity Number:	
Surname _____		First Name _____		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth ____/____/____ (Day) (Month) (Year)
Nationality <input type="checkbox"/> PNG Citizen <input type="checkbox"/> Non PNG Citizen		Teacher Registration Number _____		Type of Employee (Tick <input checked="" type="checkbox"/> all that apply) <input type="checkbox"/> TSC Employee <input type="checkbox"/> Non TSC Employee <input type="checkbox"/> TSC Contract <input type="checkbox"/> TSC Volunteer	
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Do you have any other non-teaching qualification? <input type="checkbox"/> No <input type="checkbox"/> Yes			If Yes, state the qualification. _____		
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File Number (TSC provided) _____	Teacher Registration Type (Tick <input checked="" type="checkbox"/> one) <input type="checkbox"/> Full <input type="checkbox"/> Provisional	Teacher Registration Number _____	Type of Employee (Tick <input checked="" type="checkbox"/> all that apply) <input type="checkbox"/> TSC Employee <input type="checkbox"/> Non TSC Employee <input type="checkbox"/> TSC Contract <input type="checkbox"/> TSC Volunteer		What year did this teacher start teaching? _____ XI	
What is the highest teaching qualification obtained? (Tick <input checked="" type="checkbox"/> the highest only) <input type="checkbox"/> Diploma in Secondary Teaching <input type="checkbox"/> Bachelor in Education <input type="checkbox"/> Other (Specify) _____			Certificate Number _____	Year of Issue _____	Issuing Institution _____	
Do you have any other non teaching qualification? <input type="checkbox"/> No <input type="checkbox"/> Yes			If Yes, state the qualification. _____			
What are the current subjects, classes and grades is this teacher currently teaching?						
Subject			Grades			

SECTION 6:

TEACHER INFORMATION

This section provides key information for each teacher in your school. Fill out as much information as you can. You have to go to each teacher to get this information before completing the form. Also indicate each teacher's position.

Teacher #		Position No:		National Identity Number:	
Surname _____		First Name _____		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth ____/____/____ (Day) (Month) (Year)
Nationality <input type="checkbox"/> PNG Citizen <input type="checkbox"/> Non PNG Citizen		Teacher Registration Number _____		Type of Employee (Tick <input checked="" type="checkbox"/> all that apply) <input type="checkbox"/> TSC Employee <input type="checkbox"/> Non TSC Employee <input type="checkbox"/> TSC Contract <input type="checkbox"/> TSC Volunteer	
File Number (TSC provided) _____	Teacher Registration Type (Tick <input checked="" type="checkbox"/> one) <input type="checkbox"/> Full <input type="checkbox"/> Provisional	What year did this teacher start teaching? _____yr			
What is the highest teaching qualification obtained? (Tick <input checked="" type="checkbox"/> the highest only) <input type="checkbox"/> Diploma in Secondary Teaching <input type="checkbox"/> Bachelor in Education <input type="checkbox"/> Other (Specify) _____			Certificate Number _____	Year of Issue _____	Issuing Institution _____
Do you have any other non- teaching qualification? <input type="checkbox"/> No <input type="checkbox"/> Yes			If Yes, state the qualification. _____		
What are the current subjects, classes and grades is this teacher currently teaching?					
Subject			Grades		

Teacher #		Position No:		National Identity Number:	
Surname _____		First Name _____		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth ____/____/____ (Day) (Month) (Year)
Nationality <input type="checkbox"/> PNG Citizen <input type="checkbox"/> Non PNG Citizen		Teacher Registration Number _____		Type of Employee (Tick <input checked="" type="checkbox"/> all that apply) <input type="checkbox"/> TSC Employee <input type="checkbox"/> Non TSC Employee <input type="checkbox"/> TSC Contract <input type="checkbox"/> TSC Volunteer	
File Number (TSC provided) _____	Teacher Registration Type (Tick <input checked="" type="checkbox"/> one) <input type="checkbox"/> Full <input type="checkbox"/> Provisional	What year did this teacher start teaching? _____yr			
What is the highest teaching qualification obtained? (Tick <input checked="" type="checkbox"/> the highest only) <input type="checkbox"/> Diploma in Secondary Teaching <input type="checkbox"/> Bachelor in Education <input type="checkbox"/> Other (Specify) _____			Certificate Number _____	Year of Issue _____	Issuing Institution _____
Do you have any other non- teaching qualification? <input type="checkbox"/> No <input type="checkbox"/> Yes			If Yes, state the qualification. _____		
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Surname _____		First Name _____		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth ____/____/____ (Day) (Month) (Year)	Nationality <input type="checkbox"/> PNG Citizen <input type="checkbox"/> Non PNG Citizen
File Number (TSC provided) _____	Teacher Registration Type (Tick <input checked="" type="checkbox"/> one) <input type="checkbox"/> Full <input type="checkbox"/> Provisional	Teacher Registration Number _____	Type of Employee (Tick <input checked="" type="checkbox"/> all that apply) <input type="checkbox"/> TSC Employee <input type="checkbox"/> Non TSC Employee <input type="checkbox"/> TSC Contract <input type="checkbox"/> TSC Volunteer		What year did this teacher start teaching? _____yr	
What is the highest teaching qualification obtained? (Tick <input checked="" type="checkbox"/> the highest only) <input type="checkbox"/> Diploma in Secondary Teaching <input type="checkbox"/> Bachelor in Education <input type="checkbox"/> Other (Specify) _____			Certificate Number _____	Year of Issue _____	Issuing Institution _____	
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Subject			Grades			

Teacher #		Position No:		National Identity Number:		
Surname _____		First Name _____		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth ____/____/____ (Day) (Month) (Year)	Nationality <input type="checkbox"/> PNG Citizen <input type="checkbox"/> Non PNG Citizen
File Number (TSC provided) _____	Teacher Registration Type (Tick <input checked="" type="checkbox"/> one) <input type="checkbox"/> Full <input type="checkbox"/> Provisional	Teacher Registration Number _____	Type of Employee (Tick <input checked="" type="checkbox"/> all that apply) <input type="checkbox"/> TSC Employee <input type="checkbox"/> Non TSC Employee <input type="checkbox"/> TSC Contract <input type="checkbox"/> TSC Volunteer		What year did this teacher start teaching? _____yr	
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Surname _____		First Name _____		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth ____/____/____ (Day) (Month) (Year)
Nationality <input type="checkbox"/> PNG Citizen <input type="checkbox"/> Non PNG Citizen		Teacher Registration Type (Tick <input checked="" type="checkbox"/> one) <input type="checkbox"/> Full <input type="checkbox"/> Provisional		Teacher Registration Number _____	Type of Employee (Tick <input checked="" type="checkbox"/> all that apply) <input type="checkbox"/> TSC Employee <input type="checkbox"/> Non TSC Employee <input type="checkbox"/> TSC Contract <input type="checkbox"/> TSC Volunteer
File Number (TSC provided) _____		What year did this teacher start teaching? _____yr		What is the highest teaching qualification obtained? (Tick <input checked="" type="checkbox"/> the highest only) <input type="checkbox"/> Diploma in Secondary Teaching <input type="checkbox"/> Bachelor in Education <input type="checkbox"/> Other (Specify) _____	
Certificate Number _____		Year of Issue _____		Issuing Institution _____	
Do you have any other non- teaching qualification? <input type="checkbox"/> No <input type="checkbox"/> Yes		If Yes, state the qualification. _____			
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Subject			Grades		

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Surname _____		First Name _____		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth ____/____/____ (Day) (Month) (Year)
Nationality <input type="checkbox"/> PNG Citizen <input type="checkbox"/> Non PNG Citizen		Teacher Registration Type (Tick <input checked="" type="checkbox"/> one) <input type="checkbox"/> Full <input type="checkbox"/> Provisional		Teacher Registration Number _____	Type of Employee (Tick <input checked="" type="checkbox"/> all that apply) <input type="checkbox"/> TSC Employee <input type="checkbox"/> Non TSC Employee <input type="checkbox"/> TSC Contract <input type="checkbox"/> TSC Volunteer
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Certificate Number _____		Year of Issue _____		Issuing Institution _____	
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Surname _____		First Name _____		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth ____/____/____ (Day) (Month) (Year)	Nationality <input type="checkbox"/> PNG Citizen <input type="checkbox"/> Non PNG Citizen
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Teacher #		Position No:		National Identity Number:		
Surname _____		First Name _____		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth ____/____/____ (Day) (Month) (Year)	Nationality <input type="checkbox"/> PNG Citizen <input type="checkbox"/> Non PNG Citizen
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Surname _____		First Name _____		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth ____/____/____ (Day) (Month) (Year)	Nationality <input type="checkbox"/> PNG Citizen <input type="checkbox"/> Non PNG Citizen
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Surname _____		First Name _____		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth ____/____/____ (Day) (Month) (Year)	Nationality <input type="checkbox"/> PNG Citizen <input type="checkbox"/> Non PNG Citizen
File Number (TSC provided) _____	Teacher Registration Type (Tick <input checked="" type="checkbox"/> one) <input type="checkbox"/> Full <input type="checkbox"/> Provisional	Teacher Registration Number _____	Type of Employee (Tick <input checked="" type="checkbox"/> all that apply) <input type="checkbox"/> TSC Employee <input type="checkbox"/> Non TSC Employee <input type="checkbox"/> TSC Contract <input type="checkbox"/> TSC Volunteer		What year did this teacher start teaching? _____yr	
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Subject			Grades			

Teacher #		Position No:		National Identity Number:		
Surname _____		First Name _____		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth ____/____/____ (Day) (Month) (Year)	Nationality <input type="checkbox"/> PNG Citizen <input type="checkbox"/> Non PNG Citizen
File Number (TSC provided) _____	Teacher Registration Type (Tick <input checked="" type="checkbox"/> one) <input type="checkbox"/> Full <input type="checkbox"/> Provisional	Teacher Registration Number _____	Type of Employee (Tick <input checked="" type="checkbox"/> all that apply) <input type="checkbox"/> TSC Employee <input type="checkbox"/> Non TSC Employee <input type="checkbox"/> TSC Contract <input type="checkbox"/> TSC Volunteer		What year did this teacher start teaching? _____yr	
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Surname _____		First Name _____		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth ____/____/____ (Day) (Month) (Year)	Nationality <input type="checkbox"/> PNG Citizen <input type="checkbox"/> Non PNG Citizen
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Teacher #		Position No:		National Identity Number:		
Surname _____		First Name _____		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth ____/____/____ (Day) (Month) (Year)	Nationality <input type="checkbox"/> PNG Citizen <input type="checkbox"/> Non PNG Citizen
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Surname _____		First Name _____		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth ____/____/____ (Day) (Month) (Year)	Nationality <input type="checkbox"/> PNG Citizen <input type="checkbox"/> Non PNG Citizen
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Surname _____		First Name _____		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth ____/____/____ (Day) (Month) (Year)	Nationality <input type="checkbox"/> PNG Citizen <input type="checkbox"/> Non PNG Citizen
File Number (TSC provided) _____	Teacher Registration Type (Tick <input checked="" type="checkbox"/> one) <input type="checkbox"/> Full <input type="checkbox"/> Provisional	Teacher Registration Number _____	Type of Employee (Tick <input checked="" type="checkbox"/> all that apply) <input type="checkbox"/> TSC Employee <input type="checkbox"/> Non TSC Employee <input type="checkbox"/> TSC Contract <input type="checkbox"/> TSC Volunteer		What year did this teacher start teaching? _____yr	
What is the highest teaching qualification obtained? (Tick <input checked="" type="checkbox"/> the highest only) <input type="checkbox"/> Diploma in Secondary Teaching <input type="checkbox"/> Bachelor in Education <input type="checkbox"/> Other (Specify) _____			Certificate Number _____	Year of Issue _____	Issuing Institution _____	
Do you have any other non -teaching qualification? <input type="checkbox"/> No <input type="checkbox"/> Yes				If Yes, state the qualification. _____		
What are the current subjects, classes and grades is this teacher currently teaching?						
Subject			Grades			

SECTION 6: TEACHER INFORMATION

This section provides key information for each teacher in your school. Fill out as much information as you can. You have to go to each teacher to get this information before completing the form. Also indicate each teacher's position.

Teacher #		Position No:		National Identity Number:		
Surname _____		First Name _____		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth ____/____/____ (Day) (Month) (Year)	Nationality <input type="checkbox"/> PNG Citizen <input type="checkbox"/> Non PNG Citizen
File Number (TSC provided) _____	Teacher Registration Type (Tick <input checked="" type="checkbox"/> one) <input type="checkbox"/> Full <input type="checkbox"/> Provisional	Teacher Registration Number _____	Type of Employee (Tick <input checked="" type="checkbox"/> all that apply) <input type="checkbox"/> TSC Employee <input type="checkbox"/> Non TSC Employee <input type="checkbox"/> TSC Contract <input type="checkbox"/> TSC Volunteer		What year did this teacher start teaching? _____yr	
What is the highest teaching qualification obtained? (Tick <input checked="" type="checkbox"/> the highest only) <input type="checkbox"/> Diploma in Secondary Teaching <input type="checkbox"/> Bachelor in Education <input type="checkbox"/> Other (Specify) _____			Certificate Number _____	Year of Issue _____	Issuing Institution _____	
Do you have any other non- teaching qualification? <input type="checkbox"/> No <input type="checkbox"/> Yes				If Yes, state the qualification. _____		
What are the current subjects, classes and grades is this teacher currently teaching?						
Subject			Grades			

Teacher #		Position No:		National Identity Number:		
Surname _____		First Name _____		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth ____/____/____ (Day) (Month) (Year)	Nationality <input type="checkbox"/> PNG Citizen <input type="checkbox"/> Non PNG Citizen
File Number (TSC provided) _____	Teacher Registration Type (Tick <input checked="" type="checkbox"/> one) <input type="checkbox"/> Full <input type="checkbox"/> Provisional	Teacher Registration Number _____	Type of Employee (Tick <input checked="" type="checkbox"/> all that apply) <input type="checkbox"/> TSC Employee <input type="checkbox"/> Non TSC Employee <input type="checkbox"/> TSC Contract <input type="checkbox"/> TSC Volunteer		What year did this teacher start teaching? _____yr	
What is the highest teaching qualification obtained? (Tick <input checked="" type="checkbox"/> the highest only) <input type="checkbox"/> Diploma in Secondary Teaching <input type="checkbox"/> Bachelor in Education <input type="checkbox"/> Other (Specify) _____			Certificate Number _____	Year of Issue _____	Issuing Institution _____	
Do you have any other non -teaching qualification? <input type="checkbox"/> No <input type="checkbox"/> Yes				If Yes, state the qualification. _____		
What are the current subjects, classes and grades is this teacher currently teaching?						
Subject			Grades			

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This section provides key information for each teacher in your school. Fill out as much information as you can. You have to go to each teacher to get this information before completing the form. Also indicate each teacher's position.

Teacher #		Position No:		National Identity Number:		
Surname _____		First Name _____		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth ____/____/____ (Day) (Month) (Year)	Nationality <input type="checkbox"/> PNG Citizen <input type="checkbox"/> Non PNG Citizen
File Number (TSC provided) _____	Teacher Registration Type (Tick <input checked="" type="checkbox"/> one) <input type="checkbox"/> Full <input type="checkbox"/> Provisional	Teacher Registration Number _____	Type of Employee (Tick <input checked="" type="checkbox"/> all that apply) <input type="checkbox"/> TSC Employee <input type="checkbox"/> Non TSC Employee <input type="checkbox"/> TSC Contract <input type="checkbox"/> TSC Volunteer		What year did this teacher start teaching? _____yr	
What is the highest teaching qualification obtained? (Tick <input checked="" type="checkbox"/> the highest only) <input type="checkbox"/> Diploma in Secondary Teaching <input type="checkbox"/> Bachelor in Education <input type="checkbox"/> Other (Specify) _____			Certificate Number _____	Year of Issue _____	Issuing Institution _____	
Do you have any other non-teaching qualification? <input type="checkbox"/> No <input type="checkbox"/> Yes			If Yes, state the qualification: _____			
What are the current subjects, classes and grades is this teacher currently teaching?						
Subject			Grades			

- Person filling out this National School Census Form needs to sign off the census forms as being accurate and completed on the spaces provided below;

Name: _____ Signature: _____ Date filled out: _____

- Senior Standards / Standards Officers (SSO/SO) needs to validate and verify that data is complete, correct and accurate.

Name: _____ Signature: _____ Date: _____

- Provincial Education Office needs to certify the form, and stamp it before sending the form to DoE Headquarters.

Standards Officer Stamp

Provincial Education Advisor Stamp