

FOR ENUMERATOR ONLY: No. _____

Was this school in the school list? Yes No

Instructions: Please enter all answers in **BLOCK CAPITALS**.
Use a **BLUE BIRO** to complete the form.

School Code Please enter the school code(s) in the box(es) below. For schools having more than one level in the same premises please provide year of establishment for each level. If you are not certain about your school code(s), leave the box(es) blank. Do not use abbreviations anywhere on this form.

Level										
PRE-PRY & PRY School Code										
JSS School Code										
SSS School Code										
School Coordinates	Elevation (Meter)									
	Latitude North									
	Longitude East									



FEDERAL MINISTRY OF EDUCATION 2015/2016 SCHOOL CENSUS FORM PRIVATE SCHOOLS

- Please ensure that, as an ENUMERATOR, you have two copies of this School Census Form for every school. After you have completed all forms, give one copy to the school for records and return a copy to your SUPERVISOR.
- Please read the instructions and the examples provided. Make sure that each section is completed carefully and that all your figures and totals are correct.

A. SCHOOL IDENTIFICATION

A.1 School name																				
A.2 Name of proprietor																				
A.3 Number and street name																				
A.4 Village or Town																				
A.5 Ward																				
A.6 LGA																				
A.7 State																				
A.8 School Telephone																				
A.9 E-mail Address																				

B. SCHOOL CHARACTERISTICS

Year of establishment of :		
B. 1	Pre-primary	
B. 2	Primary	
B. 3	Junior Secondary School	
B. 4	Senior Secondary School	
B. 5	Location	<input type="checkbox"/> Urban <input type="checkbox"/> Rural
B. 6	Ownership status	<input type="checkbox"/> Community <input type="checkbox"/> Faith-based <input type="checkbox"/> NGO <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Other
B. 7	Recognition status	<input type="checkbox"/> Yet to be approved <input type="checkbox"/> In process of approval <input type="checkbox"/> Approved
B. 8	Levels of education offered Tick all that apply	<input type="checkbox"/> Pre-primary <input type="checkbox"/> Junior secondary <input type="checkbox"/> Primary <input type="checkbox"/> Senior secondary
B. 9	Shifts: Does the School operate shift system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. 10	Shared Facilities: Does the school/level share facilities/premises with any other school/level?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. 11	Type of school Does your school fall into any of these special categories? Tick only one to describe school	<input type="checkbox"/> Regular School <input type="checkbox"/> Nomadic (Migrants) <input type="checkbox"/> Islamiyya integrated <input type="checkbox"/> Science and Technical College <input type="checkbox"/> Special Needs
B. 12	Is the School a member of Private Schools Association? If a member write name otherwise write None	<input type="checkbox"/> Yes <input type="checkbox"/> No <div style="border: 1px solid black; height: 15px; width: 100%; margin-top: 5px;"></div>
B. 13	School: Average Distance from Catchment Communities What is average distance of school from its catchment areas	___ kilometres (Enter 0 if within 1 km)
B. 14	Students/Pupils Boarding How many students/pupils board at the school premises	___ Male ___ Female
B. 15	School Development Plan (SDP) Did the school prepare SDP in the last school year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. 16	School Based Management Committee (SBMC) Does the school have SBMC, which met at least once last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. 17	Parents'-Teachers' Association (PTA) / Parents Forum (PF) Does the school have PTA / PF, which met at least once last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. 18	Date of Last Inspection Visit When was the school last inspected? Number of inspection Visit in last academic year	___ / ___ / ___ day/month/year ___ (Number).
B. 19	Authority of Last Inspection Which authority conducted the last inspection visit?	<input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> LGEA
B. 20	Security Guard How many employed Security Guards does the school have?	___ (Number).

C. SCHOOL ENROLMENT

C.1 Number of Children with Birth Certificates in pre-primary & primary 1

How many children were enrolled with Birth certificates	Pre-primary										Primary 1		
	Kindergarten 1/ECCD		Kindergarten 2/ECCD		Nursery 1		Nursery 2		Nursery 3 / One Year pre-primary				
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
National Population Commission													
Others													

C.2 Number of Students with Birth Certificates in JSS 1 & SSS 1

How many children were enrolled with Birth certificates	JSS 1		SS 1	
	Male	Female	Male	Female
National Population Commission				
Others				

C.3 Pre-primary Enrolment by age for the Current Academic Year

	Kindergarten 1/ECCD		Kindergarten 2/ECCD		Nursery 1		Nursery 2		Nursery3 / One Year Pre-primary	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
No of Streams										
Pupil age										
Below 3 Years										
3 Years										
4 Years										
5 Years										
Above 5 Years										
Total										

C.4 New entrants in Primary 1

Pupil age	New entrants in Primary 1		How many of the new entrants attended any early childhood education	
	Male	Female	Male	Female
Below 6 Years				
6 Years				
7 Years				
8 Years				
9 Years				
10 Years				
11 Years				
Above 11 Years				
Total				

C.5 Primary Enrolment by age for the Current Academic Year

	PRY1		PRY2		PRY3		PRY4		PRY5		PRY6	
No. of Streams												
No of streams with multigrade teaching												
Pupil age	Male	Female										
Below 6 Years												
6 Years												
7 Years												
8 Years												
9 Years												
10 Years												
11 Years												
Above 11 Years												
Total												
Repeaters												
Completed Pry6 for previous year												

C. 6 Number of pupils with special needs in the current school year (Pre-primary & Primary)

Please enter the number of pupils by grade level with physical and mental challenges or special needs for the academic																		
Challenge that impacts the ability to learn	ECCD (KG1-KG2)		NURS (NR1-NR2)		NR3 / One Year Pre-primary		PRY1		PRY2		PRY3		PRY4		PRY5		PRY6	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Blind / visually impaired																		
Hearing / speech impaired																		
Physically challenged (other than visual or hearing)																		
Mentally challenged																		
Albinism																		
Autism																		

C. 7 Number of orphans by Grade

Vulnerability	ECCD (KG1-KG2)		NURS (NR1-NR2)		NR3 / One Year Pre-primary		PRY1		PRY2		PRY3		PRY4		PRY5		PRY6	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Lost Mother																		
Lost Father																		
Lost Both																		

C.8 Pupil Flow for the Current Academic Year (PRIMARY)

Pupil Flow	PRY 1		PRY 2		PRY 3		PRY 4		PRY 5		PRY 6	
	Male	Female										
Dropout												
Transfer in												
Transfer out												
Promoted												

C.9 New entrants in JSS 1

	New entrants in JSS1	
	Male	Female
Student age		
Below 12 years		
12 Years		
13 Years		
14 Years		
Above 14 years		
Total		

C.10 Junior Secondary Enrolment by age for the Current Academic Year

	JS1		JS2		JS3	
	Male	Female	Male	Female	Male	Female
No. of streams						
No of streams with Multigrade teaching						
Student age						
Below 12 Years						
12 Years						
13 Years						
14 Years						
Above 14 years						
Total						
Repeaters						
Completed JS3 for previous year						

C.11 New entrants in SS 1

	New entrants in SS1	
	Male	Female
Student age		
Below 15 years		
15 Years		
16 Years		
17 Years		
Above 17 years		
Total		

C.12 Senior Secondary Enrolment by age for the Current Academic Year

	SS1		SS2		SS3	
No. of streams						
No of streams with Multigrade teaching						
Student age	Male	Female	Male	Female	Male	Female
Below 15 years						
15 Years						
16 Years						
17 Years						
Above 17 years						
Total						
Repeaters						
Completed SS3 for previous year						

C.13 Student Flow for the Current Academic Year (JSS & SSS)

Pupil Flow	JS 1		JS 2		JS 3		SS 1		SS 2		SS 3	
	Male	Female										
Dropout												
Transfer in												
Transfer out												
Promoted												

C.14 Number of Students with Special needs in the current school year (Secondary)

Please enter the number of students by grade with special needs for the current academic year												
	JSS 1		JSS 2		JSS 3		SSS 1		SSS 2		SSS 3	
	Male	Female										
Blind / visually impaired												
Hearing / speech impaired												
Physically challenged (other than visual or hearing)												
Mentally challenged												
Albinism												
Autism												

D. CLASSROOMS AND FACILITIES

Instructions – Please tick source of drinking water available in your school

D.1	Source of safe drinking water Is there a source of water in the school that is safe to drink and in sufficient quantity to provide water every day for students? If there is more than one source, select only the primary source.	1. Pipe Borne Water <input type="checkbox"/> 2. Borehole <input type="checkbox"/> 3. Well <input type="checkbox"/> 4. Other (Specify.....) <input type="checkbox"/> 5. No Source of Safe Water <input type="checkbox"/>
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Instructions Please enter the total number of useable toilets units by each type below. Count the number of toilet units, not toilet blocks.

D.2 Number of useable toilets units by each type of toilet.										
Toilet type	Used only by students			Used only by teachers			Used by students and teachers			Total
	Male only	Female only	Mixed	Male only	Female only	Mixed	Male only	Female only	Mixed	
Pit										
Bucket system										
Water flush										
Others										

Please enter the total number of facilities available in your School

D.3	Facilities available How many useable facilities does the school have? (If the facilities are not available, write zero) Please note only figure is required here	<table border="1"> <thead> <tr> <th></th> <th>Useable</th> <th>Not useable</th> </tr> </thead> <tbody> <tr><td>Toilets</td><td></td><td></td></tr> <tr><td>Computers</td><td></td><td></td></tr> <tr><td>Water Source(s)</td><td></td><td></td></tr> <tr><td>Laboratories</td><td></td><td></td></tr> <tr><td>Classrooms</td><td></td><td></td></tr> <tr><td>Library</td><td></td><td></td></tr> <tr><td>Play Ground(s)</td><td></td><td></td></tr> <tr><td>Wash hand facility</td><td></td><td></td></tr> <tr><td>Others</td><td></td><td></td></tr> </tbody> </table>		Useable	Not useable	Toilets			Computers			Water Source(s)			Laboratories			Classrooms			Library			Play Ground(s)			Wash hand facility			Others		
	Useable	Not useable																														
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Wash hand facility																																
Others																																

Please indicate shared facilities available in your School

D.4	Shared Facilities If your school share facilities, Specify the facilities shared by separate schools/levels by ticking the appropriate box	<input type="checkbox"/> Toilets <input type="checkbox"/> Classrooms <input type="checkbox"/> Computers <input type="checkbox"/> Library <input type="checkbox"/> Water Source(s) <input type="checkbox"/> Play Ground(s) <input type="checkbox"/> Laboratories <input type="checkbox"/> Wash hand facility <input type="checkbox"/> Others
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D.5	Sources of power Is there a source of power supply for the school?	1. PHCN/NEPA	<input type="checkbox"/>
		2. Generator	<input type="checkbox"/>
		3. Solar	<input type="checkbox"/>
		4. No. No source of Power	<input type="checkbox"/>

D.6	Health facility Does the school have a health facility?	1. Health Clinic	<input type="checkbox"/>
		2. First Aid Kit	<input type="checkbox"/>
		3. No Health facility	<input type="checkbox"/>

D.7	Ownership status of school building Are the school premises rented or owned?	<input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Granted for free
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D.8	Type of school building	<input type="checkbox"/> Purposely-built <input type="checkbox"/> Converted building, rooms holding multiple classes (no walls between) <input type="checkbox"/> Space in house/apartment (residential)	<input type="checkbox"/> Converted building, one class per room (walls separating) <input type="checkbox"/> Mixed-use building (school plus other commercial use)
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D.9 Additional Classrooms Information – Pre-Pry – Pry - JSS and SSS

Instructions

Please indicate seating available by grade. Only count seats where both a seat and a writing desk are available. Only seats and desks owned by the school should be counted.

Class	Seating available					
	1-Seater	2-Seater	3-Seater	4-Seater	5-Seater	6-Seater
Pre-primary						
PRY 1						
PRY 2						
PRY 3						
PRY 4						
PRY 5						
PRY 6						
JSS 1						
JSS 2						
JSS 3						
SSS 1						
SSS 2						
SSS 3						

E. TEACHERS (BY LEVEL OF MAIN TEACHING INPUT) IN CURRENT ACADEMIC YEAR

Level of Main Teaching Input	Pre PRY		Pry		JSS		SSS		Total	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Highest qualification										
Below SSCE										
SSCE/WASC										
OND / Diploma										
NCE										
PGDE										
B.Ed										
M.Ed										
Grade II										
B.A (Ed)										
B.Sc./HND										
B.Sc.(Ed)										
Other degree / graduate										
TOTAL										

F. TEXTBOOKS

F. 1 Number of Pupils'/Students' Textbooks available to Pupils on average in the Current Academic Year

	PRY1	PRY2	PRY3	PRY4	PRY5	PRY6	JS1	JS2	JS3	SS1	SS2	SS3
Number												

F. 2 Number of Teachers' Textbooks available to teachers on average in the Current Academic Year

	PRY1	PRY2	PRY3	PRY4	PRY5	PRY6	JS1	JS2	JS3	SS1	SS2	SS3
Number												

G. UNDERTAKING

Attestation by Head Teacher / Principal

I certify that the information I have given in this form is correct to the best of my knowledge.

Name	
Telephone	
Signature: _____ Date: ____/____/____	

Attestation by Enumerator

I have checked the information in this form and can confirm that it is complete and correct.

Name	
Position	
Telephone	
Signature: _____ Date: ____/____/____	

Attestation by Supervisor

I have checked the information in this form and can confirm that it is complete and correct.

Name	
Position	
Telephone	
Signature: _____ Date: ____/____/____	

FOR OFFICE USE ONLY

CHECK	CHECKED BY	DATE
FIELD COORDINATOR CHECK		/ /
PRE-DATA ENTRY CHECK		/ /
DATA ENTRY COMPLETED		/ /
VERIFICATION CHECK		/ /