



DEPARTMENT OF EDUCATION 2026 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 (**9th-13th March 2026**). 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 2025. 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 2025?

(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

Government Tuition Fee Subsidies:

Amount (in Kina)

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: _____

K

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 **13th March 2026**. 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.

2025 Grade 10		
Male	Female	Total

2025 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)

2026 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?

2026 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 2001.

(Include all students still enrolled after 13th March 2026)

(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.

2026 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.

2026 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.

<input type="checkbox"/> Classrooms	<input type="checkbox"/> Staff houses	<input type="checkbox"/> Library	<input type="checkbox"/> Offices	<input type="checkbox"/> Computer Lab	<input type="checkbox"/> Staff-rooms
<input type="checkbox"/> Workshops	<input type="checkbox"/> Practical Skills Building	<input type="checkbox"/> Home Economics Building	<input type="checkbox"/> Science Lab		
<input type="checkbox"/> 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)*

<input type="checkbox"/> Town Supply	<input type="checkbox"/> Tank Water	<input type="checkbox"/> Piped Water	<input type="checkbox"/> Bringing water from home
<input type="checkbox"/> Well/Spring [protected/unprotected] (Circle one)	<input type="checkbox"/> Lake, Creek, River, Stream (Circle one)	<input type="checkbox"/> 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)*

<input type="checkbox"/> Yes, with both soap and water	<input type="checkbox"/> With water only	<input type="checkbox"/> With soap only	<input type="checkbox"/> No facilities with soap and water
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36. What type of power supply does the school use? *(Tick one)*

<input type="checkbox"/> PNG Power	<input type="checkbox"/> Solar	<input type="checkbox"/> Generator	<input type="checkbox"/> Hydro	<input type="checkbox"/> Others: _____ (Specify)
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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 did or 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	2027
Grade 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grade 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

39. In what year did or 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	<input type="checkbox"/>					
Grade 10	<input type="checkbox"/>					

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

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Teacher #		Position No:		National Identity Number:		
Surname		First Name		Gender	Date of Birth	Nationality
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<hr style="display: inline-block; width: 40px; height: 10px; vertical-align: middle;"/> / <hr style="display: inline-block; width: 40px; height: 10px; vertical-align: middle;"/> / <hr style="display: inline-block; width: 40px; height: 10px; vertical-align: middle;"/> (Day) (Month) (Year)	<input type="checkbox"/> PNG Citizen <input type="checkbox"/> Non PNG Citizen
File Number (TSC provided)	Teacher Registration Type (Tick ✓ one)	Teacher Registration Number	Type of Employee (Tick ✓ all that apply)			What year did this teacher start teaching? <hr style="width: 100px; margin-left: 10px; border: 0; border-top: 1px solid black; height: 10px; vertical-align: middle;"/> yr
	<input type="checkbox"/> Full <input type="checkbox"/> Provisional		<input type="checkbox"/> TSC Employee <input type="checkbox"/> Non TSC Employee <input type="checkbox"/> TSC Contract <input type="checkbox"/> TSC Volunteer			
What is the highest teaching qualification obtained? (Tick ✓ the highest only)			Certificate Number		Year of Issue	Issuing Institution
<input type="checkbox"/> Diploma in Secondary Teaching <input type="checkbox"/> Bachelor in Education <input type="checkbox"/> Other (Specify) <hr style="width: 150px; margin-left: 10px; border: 0; border-top: 1px solid black; height: 10px; vertical-align: middle;"/>						
Do you have any other non- teaching qualification? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, state the qualification. <hr style="width: 100px; margin-left: 10px; border: 0; border-top: 1px solid black; height: 10px; vertical-align: middle;"/>						
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Subject			Grades			

Teacher #		Position No:		National Identity Number:		
Surname		First Name		Gender	Date of Birth	Nationality
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<hr style="display: inline-block; width: 40px; height: 10px; vertical-align: middle;"/> / <hr style="display: inline-block; width: 40px; height: 10px; vertical-align: middle;"/> / <hr style="display: inline-block; width: 40px; height: 10px; vertical-align: middle;"/> (Day) (Month) (Year)	<input type="checkbox"/> PNG Citizen <input type="checkbox"/> Non PNG Citizen
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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	
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Subject		Grades			

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Surname		First Name		Gender	Date of Birth		Nationality
				<input type="checkbox"/> Male <input type="checkbox"/> Female	____ / ____ / ____ (Day) (Month) (Year)		<input type="checkbox"/> PNG Citizen <input type="checkbox"/> Non PNG Citizen
File Number (TSC provided)	Teacher Registration Type (Tick ✓ one)	Teacher Registration Number	Type of Employee (Tick ✓ all that apply)			What year did this teacher start teaching?	
	<input type="checkbox"/> Full <input type="checkbox"/> Provisional		<input type="checkbox"/> TSC Employee <input type="checkbox"/> TSC Contract	<input type="checkbox"/> Non TSC Employee <input type="checkbox"/> TSC Volunteer		_____ yr	
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Surname _____		First Name _____		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth ____ / ____ / ____ (Day) (Month) (Year)
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What is the highest teaching qualification obtained? (Tick ✓ the highest only)			Certificate Number		
<input type="checkbox"/> Full <input type="checkbox"/> Provisional					
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