



DEPARTMENT OF EDUCATION 2026 NATIONAL SCHOOL CENSUS ELEMENTARY 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.

Teachers in Charge 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 for 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. What is the level of your school? *(Tick ✓ the appropriate box)*

2 3 4 5 Other: _____

14. Where is your school located? *(Tick ✓ the appropriate box)* Urban Rural

15. School Postal Address: _____

16. School Phone No: _____ 17. School Fax No: _____

18. School Email Address: _____

21. State 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 below 2012.
(Include all students still enrolled after 13th March 2026)

| 2026 Number of Students Enrolled by Age | | | | | | | | | |
|---|-------------|--------|--------------|--------|--------------|--------|-------|--------|-------|
| Year of Birth | Preparatory | | Elementary 1 | | Elementary 2 | | TOTAL | | |
| | Male | Female | Male | Female | Male | Female | Male | Female | Total |
| 2021 | | | | | | | | | |
| 2020 | | | | | | | | | |
| 2019 | | | | | | | | | |
| 2018 | | | | | | | | | |
| 2017 | | | | | | | | | |
| 2016 | | | | | | | | | |
| 2015 | | | | | | | | | |
| 2014 | | | | | | | | | |
| 2013 | | | | | | | | | |
| 2012 | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |

(These totals should be the same as the total number of students in each grade from question 20.)

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

| 2026 Number of Students Repeating | | | | |
|-----------------------------------|-------------|--------------|--------------|-------|
| Gender | Preparatory | Elementary 1 | Elementary 2 | TOTAL |
| Male | | | | |
| Female | | | | |
| TOTAL | | | | |

(These totals should not exceed the total number of students in each grade from question 20 & 21.)

23. Please indicate the number of students with special needs or disabilities at your school by grade and gender.

| 2026 Number of students with Special Needs or Disabilities | | | | | |
|--|--------------|-------------|--------------|--------------|-------|
| | Gender | Preparatory | Elementary 1 | Elementary 2 | 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 20 & 21.)

SECTION 4:**SCHOOL INFRASTRUCTURE DETAILS**

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

24. 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 Others

25. 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 | | | |

26. 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.

27. 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.

28. 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] Lake, Creek, River, Stream None
(Circle one) (Circle one)

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

30. 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

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

PNG Power Solar Generator Hydro Others: _____ (Specify)

SECTION 5:**ADDITIONAL INFORMATION**

32. In relation to 1-6-6 school structure reform, provide your feeder primary school name(s) and school code(s).

| No. | School Name | School Code |
|-----|-------------|-------------|
| 1 | | |
| 2 | | |
| 3 | | |

33. In what year will your school be phasing out Elementary?

2026 2027

34. 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?

35. Does your school have a working School Learning Improvement Plan (SLIP)? *(Tick one)*

Yes No

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

Yes No

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

Yes No

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

Yes No

39. Has your school been visited by a School Inspector and accessed in the past 12 months? *(Tick one)*

Yes No

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

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 | Elementary Teacher Certificate | | |
| 2 | Grade 12 Certificate | | |
| 3 | Grade 10 Certificate | | |
| 4 | Others (Specify) | | |
| Total | | | |

SECTION 6:

TEACHER INFORMATION

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 # | | Teacher's 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 |
| TSC File Number _____ | Teacher Registration Type (<i>Tick ✓ one</i>) <input type="checkbox"/> Full <input type="checkbox"/> Provisional <input type="checkbox"/> Training (yet to graduate) | Teacher Registration Number _____ | Type of Employee (<i>Tick ✓ all that apply</i>) <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? (<i>Tick ✓ the highest only</i>) <input type="checkbox"/> Elementary teaching Certificate <input type="checkbox"/> Gr.12 Certificate <input type="checkbox"/> Gr.10 Certificate <input type="checkbox"/> Other (<i>Specify</i>) _____ | | | Certificate Number _____ | Year of Issue _____ | Issuing Institution _____ | |
| Indicate the grade(s) or class(s) you're taking: _____ | | | | | | |

| | | | | | | |
|---|--|--------------------------------------|--|--|---|---|
| Teacher # | | Teacher's 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 |
| TSC File Number _____ | Teacher Registration Type (<i>Tick ✓ one</i>) <input type="checkbox"/> Full <input type="checkbox"/> Provisional <input type="checkbox"/> Training (yet to graduate) | Teacher Registration Number _____ | Type of Employee (<i>Tick ✓ all that apply</i>) <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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| TSC File Number _____ | Teacher Registration Type (<i>Tick √ one</i>) <input type="checkbox"/> Full <input type="checkbox"/> Provisional <input type="checkbox"/> Training (yet to graduate) | Teacher Registration Number _____ | | Type of Employee (<i>Tick √ all that apply</i>) <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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| | | | | _____ | _____ | _____ |
| Indicate the grade(s) or class(s) you're taking: _____ | | | | | | |

- 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