



## DEPARTMENT OF EDUCATION 2026 NATIONAL SCHOOL CENSUS COMMUNITY / PRIMARY 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.

Head Teachers are being asked to fill out these forms accurately and honestly as possible. The **Reference Point** of data collection is during the census week (**9<sup>th</sup>-13<sup>th</sup> 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 \_\_\_\_\_

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)*

<input type="checkbox"/> Government	<input type="checkbox"/> Catholic	<input type="checkbox"/> Evangelical Alliance	<input type="checkbox"/> United Church	<input type="checkbox"/> Lutheran Church
<input type="checkbox"/> Anglican	<input type="checkbox"/> Seventh Day Adventist	<input type="checkbox"/> Int'l Education Agency	<input type="checkbox"/> Others: _____	

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

<input type="checkbox"/> Community School	<input type="checkbox"/> Primary School
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14. What is the level of your school? *(Tick ✓ the appropriate box)*

<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> Other: _____
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15. Where is your school located? *(Tick ✓ the appropriate box)*  Urban  Rural

16. School Postal Address: \_\_\_\_\_

17. School Phone No: \_\_\_\_\_ 18. School Fax No: \_\_\_\_\_

19. School Email Address: \_\_\_\_\_



23. 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 spaces provided below the year 2010.  
*(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 22)

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

(These totals should not exceed the total number of students in each grade from question 22 and 23.)

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

(These totals should not exceed the total number of students in each grade from question 22 & 23.)

**SECTION 4:****SCHOOL INFRASTRUCTURE DETAILS**

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

26. 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

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

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

28. 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						
<b>Total Toilets</b>						

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

29. 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 closeable 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).

30. 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  None

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

32. 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

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

PNG Power  Solar  Generator  Hydro  Others: \_\_\_\_\_ (Specify)

**SECTION 5:****ADDITIONAL INFORMATION**

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

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35. In what year did/ will your School be phasing in Prep, Grade 1 and Grade 2, if you are a Primary school with grade structure from Grade 3-8? *(Tick applicable year for each grade)*

Grades	2025	2026	2027
Prep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grade 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grade 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

36. Name the Elementary School(s) with its student enrolment that you are feeding into your Primary School

No	School Name	School Code	2026 Student Enrolment		
			Male	Female	Total
1					
2					
3					
<b>Total</b>					

37. In what year did/ will your School be phasing out Grade 7 and Grade 8, if you are a Primary school with grade structure that has Grade 7 and 8? *(Tick applicable year for each grade)*

Grades	2025	2026	2027	2028	2029	2030
Grade 7	<input type="checkbox"/>					
Grade 8	<input type="checkbox"/>					

38. 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?

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

Yes     No

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

Yes     No

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

Yes     No

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

Yes     No

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

Yes  No

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

Yes  No

45. Provide the number of students' textbooks by selected subjects and grades in your school.

Subject	Grade	No. of students' textbook
Mathematics	3	
Language	3	
Mathematics	5	
Language	5	

## 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	Degree in Education		
2	Primary Diploma		
3	Primary Certificate		
4	Others (Specify)		
<b>Total</b>			

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	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	
TSC File Number	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)			Certificate Number	Year of Issue	Issuing Institution	
<input type="checkbox"/> Primary Certificate <input type="checkbox"/> Primary Diploma <input type="checkbox"/> Degree in Education <input type="checkbox"/> Other (Specify) _____						
Indicate the grade(s) or class(s) you're taking: _____						

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What is the highest teaching qualification obtained? (Tick \ the highest only)  <input type="checkbox"/> Primary Certificate <input type="checkbox"/> Primary Diploma <input type="checkbox"/> Other (Specify) _____			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	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	
TSC File Number	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"/> Primary Certificate <input type="checkbox"/> Primary Diploma <input type="checkbox"/> Other (Specify) _____			Certificate Number	Year of Issue	Issuing Institution
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Teacher #	Teacher's 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	
TSC File Number	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"/> Primary Certificate <input type="checkbox"/> Primary Diploma <input type="checkbox"/> Other (Specify) _____			Certificate Number	Year of Issue	Issuing Institution
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Teacher #	Teacher's 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	
TSC File Number	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"/> Non TSC Employee <input type="checkbox"/> TSC Contract <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"/> Primary Certificate <input type="checkbox"/> Primary Diploma <input type="checkbox"/> Degree in Education <input type="checkbox"/> Other (Specify) _____					
Indicate the grade(s) or class(s) you're taking: _____					

Teacher #	Teacher's 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	
TSC File Number	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"/> Non TSC Employee <input type="checkbox"/> TSC Contract <input type="checkbox"/> TSC Volunteer	yr	
What is the highest teaching qualification obtained? (Tick \ the highest only)			Certificate Number	Year of Issue	Issuing Institution
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Teacher #	Teacher's 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	
TSC File Number	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"/> Non TSC Employee <input type="checkbox"/> TSC Contract <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"/> Primary Certificate <input type="checkbox"/> Primary Diploma <input type="checkbox"/> Degree in Education <input type="checkbox"/> Other (Specify) _____					
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Teacher #	Teacher's 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	
TSC File Number	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)			Certificate Number	Year of Issue	Issuing Institution
<input type="checkbox"/> Primary Certificate <input type="checkbox"/> Primary Diploma <input type="checkbox"/> Degree in Education <input type="checkbox"/> Other (Specify) _____					
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Teacher #	Teacher's 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	
TSC File Number	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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<input type="checkbox"/> Primary Certificate <input type="checkbox"/> Primary Diploma <input type="checkbox"/> Degree in Education <input type="checkbox"/> Other (Specify) _____					
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Teacher #	Teacher's 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	
TSC File Number	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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<input type="checkbox"/> Primary Certificate <input type="checkbox"/> Primary Diploma <input type="checkbox"/> Degree in Education <input type="checkbox"/> Other (Specify) _____					
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<b>Teacher #</b>		<b>Teacher's Position No:</b>		<b>National Identity Number:</b>	
Surname _____		First Name _____	Gender <input type="checkbox"/> Male _____ / <input type="checkbox"/> Female _____ (Day) (Month) (Year)	Date of Birth _____ / _____ / _____	Nationality <input type="checkbox"/> PNG Citizen <input type="checkbox"/> Non PNG Citizen
TSC File Number _____	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"/> Primary Certificate <input type="checkbox"/> Primary Diploma <input type="checkbox"/> Other (Specify) _____			Certificate Number _____	Year of Issue _____	Issuing Institution _____
Indicate the grade(s) or class(s) you're taking: _____					

<b>Teacher #</b>		<b>Teacher's Position No:</b>		<b>National Identity Number:</b>	
Surname _____		First Name _____	Gender <input type="checkbox"/> Male _____ / <input type="checkbox"/> Female _____ (Day) (Month) (Year)	Date of Birth _____ / _____ / _____	Nationality <input type="checkbox"/> PNG Citizen <input type="checkbox"/> Non PNG Citizen
TSC File Number _____	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"/> Primary Certificate <input type="checkbox"/> Primary Diploma <input type="checkbox"/> Other (Specify) _____			Certificate Number _____	Year of Issue _____	Issuing Institution _____
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<b>Teacher #</b>		<b>Teacher's Position No:</b>		<b>National Identity Number:</b>	
Surname _____		First Name _____	Gender <input type="checkbox"/> Male _____ / <input type="checkbox"/> Female _____ (Day) (Month) (Year)	Date of Birth _____ / _____ / _____	Nationality <input type="checkbox"/> PNG Citizen <input type="checkbox"/> Non PNG Citizen
TSC File Number _____	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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Surname _____		First Name _____	Gender <input type="checkbox"/> Male _____ / <input type="checkbox"/> Female _____ (Day) (Month) (Year)	Date of Birth _____ / _____ / _____	Nationality <input type="checkbox"/> PNG Citizen <input type="checkbox"/> Non PNG Citizen
TSC File Number _____	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"/> Primary Certificate <input type="checkbox"/> Primary Diploma <input type="checkbox"/> Other (Specify) _____			Certificate Number _____	Year of Issue _____	Issuing Institution _____
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Surname _____		First Name _____	Gender <input type="checkbox"/> Male _____ / <input type="checkbox"/> Female _____ (Day) (Month) (Year)	Date of Birth _____ / _____ / _____	Nationality <input type="checkbox"/> PNG Citizen <input type="checkbox"/> Non PNG Citizen
TSC File Number _____	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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Surname _____		First Name _____	Gender <input type="checkbox"/> Male _____ / <input type="checkbox"/> Female _____ (Day) (Month) (Year)	Date of Birth _____ / _____ / _____	Nationality <input type="checkbox"/> PNG Citizen <input type="checkbox"/> Non PNG Citizen
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Teacher #	Teacher's 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	
TSC File Number	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"/> Primary Certificate <input type="checkbox"/> Primary Diploma <input type="checkbox"/> Degree in Education  <input type="checkbox"/> Other (Specify) _____			Certificate Number	Year of Issue	Issuing Institution
			_____	_____	_____
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Teacher #	Teacher's 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	
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			_____	_____	_____
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Teacher #	Teacher's 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	
TSC File Number	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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<b>Teacher #</b>		<b>Teacher's Position No:</b>		<b>National Identity Number:</b>	
Surname _____		First Name _____	Gender <input type="checkbox"/> Male _____ / <input type="checkbox"/> Female _____ (Day) (Month) (Year)	Date of Birth _____ / _____ / _____	Nationality <input type="checkbox"/> PNG Citizen <input type="checkbox"/> Non PNG Citizen
TSC File Number _____	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"/> Primary Certificate <input type="checkbox"/> Primary Diploma <input type="checkbox"/> Other (Specify) _____			Certificate Number _____	Year of Issue _____	Issuing Institution _____
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<b>Teacher #</b>		<b>Teacher's Position No:</b>		<b>National Identity Number:</b>	
Surname _____		First Name _____	Gender <input type="checkbox"/> Male _____ / <input type="checkbox"/> Female _____ (Day) (Month) (Year)	Date of Birth _____ / _____ / _____	Nationality <input type="checkbox"/> PNG Citizen <input type="checkbox"/> Non PNG Citizen
TSC File Number _____	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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<b>Teacher #</b>		<b>Teacher's Position No:</b>		<b>National Identity Number:</b>	
Surname _____		First Name _____	Gender <input type="checkbox"/> Male _____ / <input type="checkbox"/> Female _____ (Day) (Month) (Year)	Date of Birth _____ / _____ / _____	Nationality <input type="checkbox"/> PNG Citizen <input type="checkbox"/> Non PNG Citizen
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<b>Teacher #</b>	<b>Teacher's Position No:</b>		<b>National Identity Number:</b>	
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
TSC File Number	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"/> Primary Certificate <input type="checkbox"/> Primary Diploma <input type="checkbox"/> Degree in Education <input type="checkbox"/> Other (Specify) _____		_____	_____	_____
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 School Inspector Basic Education/School Inspector Basic Education (SSIBE/SIBE) 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