

INDEPENDENT AND BC OFFSHORE SCHOOL DATA COLLECTION

1601

1. MINISTRY SCHOOL CODE	2. SCHOOL NAME	3. REPORT DATE						
		<table style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 0 5px;">2009</td> <td style="padding: 0 5px;">09</td> <td style="padding: 0 5px;">30</td> </tr> <tr> <td style="padding: 0 5px; font-size: small;">YYYY</td> <td style="padding: 0 5px; font-size: small;">MM</td> <td style="padding: 0 5px; font-size: small;">DD</td> </tr> </table>	2009	09	30	YYYY	MM	DD
2009	09	30						
YYYY	MM	DD						

A. MAILING ADDRESS

4. ADDRESS

5. CITY

6. PROVINCE

7. POSTAL CODE

8. TELEPHONE

9. FAX

10. E-MAIL

11. TITLE (MR, MRS, MS ETC.)

12. SURNAME OF PRINCIPAL OR HEAD TEACHER

13. FIRST NAME

14. MIDDLE NAME

B. PHYSICAL ADDRESS (COMPLETE THIS SECTION ONLY IF YOUR PHYSICAL ADDRESS IS DIFFERENT FROM YOUR MAILING ADDRESS IN 'A' ABOVE)

15. ADDRESS

16. CITY

17. PROVINCE

18. POSTAL CODE

C. EDUCATORS

19. SCHOOL EDUCATORS

		FTE CLASSROOM	FTE SUPPORT	FTE ADMINISTRATION	TOTAL FTE
ELEM	→				
SEC	→				

20. NUMBER OF ELEMENTARY HEADCOUNT EDUCATORS →

21. NUMBER OF SECONDARY HEADCOUNT EDUCATORS →

D. SCHOOL ORGANIZATION

22. SELECT ONE →

<input type="checkbox"/> 010 10 MONTH	<input type="checkbox"/> 002 TWO SEMESTERS	<input type="checkbox"/> 004 QUARTER	<input type="checkbox"/> 003 TRIMESTER	<input type="checkbox"/> 012 PART 10 MONTH/PART SEMESTER	<input type="checkbox"/> 099 OTHER
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23. NUMBER OF ELEMENTARY DIVISIONS →

24. NAME OF AUTHORITY (SEE APPENDIX 1 FOR APPROPRIATE CODE): →

25. CERTIFIED CORRECT, SIGNATURE OF PRINCIPAL	26. Date
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