



INDEPENDENT AND BC OFFSHORE SCHOOL DATA COLLECTION

1601

1. MINISTRY SCHOOL CODE	2. SCHOOL NAME	3. REPORT DATE YYYY MM DD
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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

D. SCHOOL ORGANIZATION

19. SELECT ONE 010 10 MONTH 002 TWO SEMESTERS 004 QUARTER 003 TRIMESTER 012 PART 10 MONTH/PART SEMESTER 099 OTHER

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

21. CERTIFIED CORRECT, SIGNATURE OF PRINCIPAL	22. Date
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