



# PUBLIC 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

**C. SCHOOL CATEGORY, FACILITY TYPE**

**D. SCHOOL ORGANIZATION**

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

20. CERTIFIED CORRECT, SIGNATURE OF PRINCIPAL	21. Date
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