

☐ Yes ☐ No

School Code												
School Coordinates	Elevation (Meter)											
	Latitude North											
	Longitude East											



FEDERAL MINISTRY OF EDUCATION
2021/2022 SCHOOL CENSUS FORM
JUNIOR SECONDARY EDUCATION
PUBLIC SCHOOLS

1. Please ensure that, as an ENUMERATOR, you have two copies of this School Census Form for every school. After you have completed all forms, give one copy to the school for records and return a copy to your SUPERVISOR.
2. Please read the instructions and the examples provided. Make sure that each section is completed carefully and that all your figures and totals are correct.

A. SCHOOL IDENTIFICATION

School Code Please enter the school code in the box at the TOP of this page.
If you are not certain about your school code, leave the box blank.
Do not use abbreviations anywhere on this page.

[illegible]

B. SCHOOL CHARACTERISTICS

Instructions

Answer every question and tick only one box in each section ☒

B. 1	Year of establishment	
B. 2	Location	<input type="checkbox"/> Urban <input type="checkbox"/> Rural
B. 3	Levels of education offered	<input type="checkbox"/> Junior Secondary Only <input type="checkbox"/> Junior and Senior Secondary
B. 4	Type of school Tick only one to describe school	<input type="checkbox"/> Regular <input type="checkbox"/>
B. 5	Shifts: Does the School operate shift system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. 6	Shared facilities Does the school share facilities/Teachers/premises with any other school? If Yes . How many Schools are sharing facilities:	<input type="checkbox"/> Yes <input type="checkbox"/> No <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>
B. 7	Multi-grade teaching Does any teacher teach more than one class at the same time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. 8	School: Average Distance from Catchment communities What is average distance of school from its catchment areas	_____ kilometres (Enter 0 if within 1 km)
B. 9	School: Distance from LGA How many kilometres is the school away from LGA HQ?	_____ kilometres (Enter 0 if within 1 km)
B. 10	Students: Distance from School How many students live further than 3km from the school?	_____ students
B. 11	Students: Boarding How many students board at the school premises?	_____ Male _____ Female
B. 12	School Development Plan (SDP) Did the school prepare SDP in the last school year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. 13	School Based Management Committee (SBMC) Does the school have SBMC, which met at least once last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. 14	Parent-Teacher Association (PTA) / Parents' Forum (PF) Does the school have PTA / PF, which met at least once last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. 15	Date of Last Inspection Visit When was the school last inspected? Number of inspection Visit in last academic year	____ / ____ / ____ <input type="checkbox"/> day/month/year ____ No.
B. 16	Authority of Last Inspection Which authority conducted the last inspection visit?	<input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> LGEA
B. 17	Conditional Cash Transfer How many pupils benefitted from Conditional Cash Transfer?	____ No.
B. 18	School Grants Has your school ever received grants in the last academic year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. 19	Security Guard Does the school have a security guard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. 20	Ownership Which of the following owns the school?	<input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> LGEA <input type="checkbox"/> Community

C. ENROLMENT

C.1 Number of students with Birth Certificates in JSS1

How many children were enrolled with Birth certificates	JSS 1	
	Male	Female
NPopC		
Others		

C.2 New entrants in JSS1

	New entrants in JSS1	
Student age	Male	Female
Below 12 years		
12 Years		
13 Years		
14 Years		
Above 14 years		
Total		

C.3a Number of streams in Junior Secondary Schools in the current school year

	JS1	JS2	JS3
No. of streams			
No of streams with Multigrade teaching			

C.3b Junior Secondary Enrolment by age for the Current Academic Year

Age	JS1		JS2		JS3	
	Male	Female	Male	Female	Male	Female
Below 12 years						
12 Years						
13 Years						
14 Years						
Above 14 years						
Total						
Repeaters						
No. Completed JSS 3 for previous year						

C.4 Students Flow for the Current Academic Year Junior Secondary School

Students Flow	JS 1		JS 2		JS 3	
	Male	Female	Male	Female	Male	Female
Dropout						
Transfer in						
Transfer out						
Promoted						

C.5 Students with Special Needs for the Current Academic Year

Please enter the number of Students by grade level with physical and mental challenges or special needs for the current academic year.

Challenge that impacts the ability to learn	JS1		JS2		JS3	
	Male	Female	Male	Female	Male	Female
Blind / visually impaired						
Hearing / speech impaired						
Physically challenged (other than visual or hearing)						
Mentally challenged						
Albinism						
Autism						

..... Family Live HIV Education (FLHE)

	Education Institutions: rules and guidelines Does the rules and guidelines in your school cover the following aspects? <ul style="list-style-type: none"> Physical safety in school Stigma and discrimination towards staff or students living with/affected by HIV or based on sex, race or ethnicity, religion or any other grounds sexual harassment and abuse. Grievance/disciplinary procedures in case of breach of the regulation described in the rules and guidelines. 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
	Has your school communicated information about the rules and guidelines to relevant stakeholders such as pupils, parents, teachers etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Life Skills-based Family Life HIV Education (FLHE) Did students at your school receive any form of life skills-based Family Life HIV Education (FLHE) in the previous academic year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, indicate which of these topics were covered in the FLHE programme <ul style="list-style-type: none"> Teaching on generic life skills (e.g. decision-making, communication, etc). Teaching on reproductive health/FLHE (e.g. teaching on human growth and development, family life, etc) Teaching on HIV transmission and prevention.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
	Number of students that received/participated in Life Skills-based Family Life HIV Education (FLHE) in the previous year?	M F
	Orientation Process for Parents or Guardians of Students How many times has your school organised orientation programme for parents or guardians of pupils regarding FLHE programmes in the previous academic year? In what fora was the orientation provided?	_____ Number <input type="checkbox"/> PTA <input type="checkbox"/> Open Day <input type="checkbox"/> Special Session(s)
	Date of Last Orientation When was the last orientation Programme conducted?	/ / day/month/year
	How many teachers in your school received formal training on FLHE	M F
	How many teachers in your school who received formal training in the previous year also taught lessons in FLHE	M F

C.6 JSCE examination for the previous Academic Year

	Male	Female	Total
How many students were registered for JSCE?			
How many students took part in the JSCE?			
How many students passed JSCE?			

School Code

D. STAFF

		Male	Female	Total
D.1	How many <u>non-teaching staff</u> are working at the school?			
D.2	How many <u>teachers</u> are working at the school regardless of whether they are currently present or on course or absent			

D.3 Information on all staff during the school year

Instructions

Enter information on all staff who work in this school (present or currently absent) regardless of payroll status

Make sure that the total number of staff listed in this table agrees with the number of non-teaching staff (D1) and the number of teachers (D2) reported above.

If the number of staff is more than the space provided, photocopy the following page and attach to the questionnaire.

Gender	M – Male	F – Female		
Type of staff	1 – Principal	2 – Vice principal	3 – Teacher	4 – Other non-teaching staff
Source of salary	1 – Federal Government - FTS	2 – State Government - On this school's payroll	3 – State Government - On another school's payroll	
	4 – Other, for example: community, PTA	5 – No salary, for example: volunteer, NYSC		
Present	1 – Present or temporarily absent	2 – Absent for more than 1 month – Maternity leave	3 – Absent for more than 1 month – Sick leave	
		4 – Absent for more than 1 month – Training	5 – Absent for more than 1 month – Unauthorised	
Academic qualification	1 – Below SSCE	2 – SSCE/WASC	3 – Grade II 4 – OND/Diploma	5 – NCE 6 – HND/Bachelor Degree 7 – Masters Degree /Ph.D.
(Use this to fill Area of Specialisation and Main Subject taught)				
Teaching qualification	1 – NCE	2 – PGDE	3 – B.Ed. or equivalent	4 – M.Ed. or Equivalent
	5 – Ph.D.	6 – English Studies	7 – Mathematics	8 – Hausa
	9 – Igbo	10 – Yoruba	11 – Basic Science	12 – Basic Technology
	13 – Physical and Health Education	14 – Information Technology	15 – Home Economics	16 – Agriculture
	17 – Entrepreneurship	18 – Christian Religious Studies	19 – Islamic Studies	20 – Social Studies
	21 – Civic Education	22 – Security Education	23 – Cultural & Creative Arts	24 – French
	25 – Arabic Language	26 – No teaching qualification		
Teaching type	1 – Full-time	2 – Part-time		

No.	National Identification Number.	Name of staff	Gender	Type of staff	Source of salary	Year of birth	Year of first appointment	Year of present appointment	Year of posting to the school	Grade level / Step	Present	Academic Qualification	Teaching Qualification	Subject of qualification	Area of specialization	Main subject taught	Teaching type	Tick box if teacher also teaches senior secondary classes in this school	Tick box if teacher attended training workshop / seminar in last 12 months
Example	P4567	Fred Abdul	M	1	1	1976	1996	2002	2005	7 / 2	1	4	3	3	3	3	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1																		<input type="checkbox"/>	<input type="checkbox"/>

School Code

No.	National Identific ation Number.	Name of staff	Gender	Type of staff	Source of salary	Year of birth	Year of first appointment	Year of present appointment	Year of posting to the school	Grade level / Step	Present	Academic Qualification	Teaching Qualification	Subject of qualification	Area of specialization	Main subject taught	Teaching type	Tick box if teacher also teaches senior secondary classes in this school	Tick box if teacher attended training workshop / seminar in last 12 months
2																		<input type="checkbox"/>	<input type="checkbox"/>
3																		<input type="checkbox"/>	<input type="checkbox"/>
4																		<input type="checkbox"/>	<input type="checkbox"/>
5																		<input type="checkbox"/>	<input type="checkbox"/>
6																		<input type="checkbox"/>	<input type="checkbox"/>
7																		<input type="checkbox"/>	<input type="checkbox"/>
8																		<input type="checkbox"/>	<input type="checkbox"/>
9																		<input type="checkbox"/>	<input type="checkbox"/>
10																		<input type="checkbox"/>	<input type="checkbox"/>
11																		<input type="checkbox"/>	<input type="checkbox"/>
12																		<input type="checkbox"/>	<input type="checkbox"/>
13																		<input type="checkbox"/>	<input type="checkbox"/>
14																		<input type="checkbox"/>	<input type="checkbox"/>
15																		<input type="checkbox"/>	<input type="checkbox"/>
16																		<input type="checkbox"/>	<input type="checkbox"/>
17																		<input type="checkbox"/>	<input type="checkbox"/>
18																		<input type="checkbox"/>	<input type="checkbox"/>
19																		<input type="checkbox"/>	<input type="checkbox"/>
20																		<input type="checkbox"/>	<input type="checkbox"/>
21																		<input type="checkbox"/>	<input type="checkbox"/>
22																		<input type="checkbox"/>	<input type="checkbox"/>
23																		<input type="checkbox"/>	<input type="checkbox"/>

School Code

E. CLASSROOMS

E.1	How many <u>classrooms</u> are there in the school?	----- Number
E.2	Are any classes held outside (because classrooms are unusable or insufficient)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

E.3 Information on all classrooms

Instructions

Record details for each individual classroom, regardless of whether or not they are in use. **Each row must correspond to a different classroom (not a block).**

If the number of classrooms is more than the space provided, photocopy this page and attach to the questionnaire.

Present condition	1 – Good	2 – Needs minor repairs	3 – Needs major repairs	4 – Under construction	5 – Unusable		
Floor material	1 – Mud/Earth	2 – Concrete	3 – Wood	4 – Tile/Terrazzo			
Wall material	1 – Mud	2 – Cement/Concrete	3 – Wood/Bamboo	4 – Burnt bricks	5 – Iron sheets	6 – Stone	7 – No walls / dwarf walls
Roof material	1 – Mud	2 – Cement/Concrete	3 – Wood/Bamboo	4 – Ceramic tiles	5 – Iron sheets	6 – Asbestos	7 – No roof
Seating	Are there enough seats for the children in this classroom?				1 – Yes	2 – No	
Good blackboard	Does the classroom have a good blackboard that children can read from?				1 – Yes	2 – No	

No.	Year of construction	Present condition	Length in metres	Width in metres	Floor material	Walls material	Roof material	Seating	Good blackboard
Example	1976	1	7	5	3	3	3	1	1
1									
2									
3									
4									
5									
6									
7									
8									
9									

No.	Year of construction	Present condition	Length in metres	Width in metres	Floor material	Walls material	Roof material	Seating	Good blackboard
Example	1976	1	7	5	3	3	3	1	1
10									
11									
12									
13									
14									
15									
16									
17									
18									

E.5 Number of rooms other than classrooms are there in the school by type of room

1	Staff rooms	_____ Number.
2	Office	_____ Number.
3	Library	_____ Number.

4	Laboratories	_____ Number.
5	Store room	_____ Number.
6	Others	_____ Number.

F. FACILITIES

Instructions – Please tick source of drinking water available in your school

F.1	Source of safe drinking water Is there a source of water in the school that is safe to drink and in sufficient quantity to provide water every day for students? If there is more than one source, select only the main primary source.	1. Pipe- borne Water <input type="checkbox"/> 2. Borehole <input type="checkbox"/> 3. Well <input type="checkbox"/> 4. Other (Specify.....) <input type="checkbox"/> 5. No Source of Safe Water <input type="checkbox"/>
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Instructions – Please enter the total number of facilities available in your School

F.2	Facilities available		Useable	Not useable
	How many useable facilities does the school have? (If the facilities are not available, write zero)	Toilets		
		Computers		
		Water Source(s)		
	Please note only figure is required here	Laboratories		
		Classrooms		
		Library		
		Play Ground(s)		
		Wash hand facility		
		Others		

Instructions – Please indicate the shared facilities available in your School

F.3	Shared Facilities	<input type="checkbox"/> Toilets	<input type="checkbox"/> Classrooms
	If your school share facilities,	<input type="checkbox"/> Computers	<input type="checkbox"/> Library
	specify the facilities shared by separate school/levels by ticking the appropriate box	<input type="checkbox"/> Water Source(s)	<input type="checkbox"/> Play Ground(s)
		<input type="checkbox"/> Laboratories	<input type="checkbox"/> Wash hand facility
			<input type="checkbox"/> Others

Instructions – Please enter the total number of useable toilets units by each type below. Count the number of toilets units, not toilet blocks.

[illegible]

F.5	Source(s) of power Is there a source of power for the school?	1. PHCN/NEPA	<input type="checkbox"/>
		2. Generator	<input type="checkbox"/>
		3. Solar	<input type="checkbox"/>
		4. No source of Power	<input type="checkbox"/>

F.6	Health facility Does the school have a health facility?	1. Health Clinic	<input type="checkbox"/>
		2. First Aid Kit	<input type="checkbox"/>
		3. No Health facility	<input type="checkbox"/>

F.7	Fence/Wall Does the school have a fence or wall around it?	1. In Good Condition	<input type="checkbox"/>
		2. Needs Minor Repair	<input type="checkbox"/>
		3. Needs Major Repair	<input type="checkbox"/>
		4. No. Fence or Wall	<input type="checkbox"/>

F.8 Additional Class Information

Instructions

Please indicate seating available by grade. Only count seats where both a seat and a writing desk are available.

Only seats and desks owned by the school should be counted.

Class	Seating available		
	1 Seater	2 Seater	3 Seater
JSS 1			
JSS 2			
JSS 3			

G. NUMBER OF STUDENT BY SUBJECT

G.1 Number of Students' by Subject in the current Academic Year

Class/Subject	Number of Students by Subject					
	JSS1		JSS2		JSS3	
	Male	Female	Male	Female	Male	Female
English						
Mathematics						
Social Studies						
Basic Science						
Civic Education						
Cultural & Creative Arts						
Physical & Health Education						
Computer						
Basic Technology						
Agriculture						
Home Econs						
Business Studies						
French Language						
Arabic						
Christian						
Islamic						
Igbo						
Hausa						
Yoruba						

H. STUDENT/TEACHER BOOK

H1. Number of core subject textbooks available to students provided by government.

Subject Area	Number of Students Book Made Available for each Subject		
	JSS1	JSS2	JSS3
English			
Mathematics			
Social Studies			
Basic Science			
Basic Technology			

H2. Number of core subject Teachers' Textbooks available in the School provided by government.

Subject Area	Number of Teachers Book Made Available for each Subject		
	JSS1	JSS2	JSS3
English			
Mathematics			
Basic Science			
Social Studies			
Basic Technology			

I. Teachers Qualification in Current Academic Year

	Highest qualification	JSS	
		Male	Female
1	Below SSCE		
2	SSCE/WASC		
3	OND / Diploma		
4	NCE		
5	PGDE		
6	B.Ed.		
7	M.Ed.		
8	Grade II		
9	B.A (Ed)		
10	B.Sc./HND		
11	B.Sc. (Ed)		
12	HND		
13	Other degrees / graduates		
	TOTAL		

J. UNDERTAKING

NOTICE

Public officers completing this form are reminded that **Civil Service Rule 04107 Section 1** requires the recording and supply of accurate data. Failure to do so amounts to gross misconduct punishable by sanctions that may include dismissal.

Attestation by Principal

I certify that the information I have given in this form is correct to the best of my knowledge.

Name	
------	--

Telephone	
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Signature: _____ Date: ____/____/____

Attestation by SBMC Chairperson/member

I have checked the information in this form and can confirm that it is complete and correct.

Name	
------	--

Position	
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Telephone	
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Signature: _____ Date: ____/____/____

Attestation by Supervisor

I have checked the information in this form and can confirm that it is complete and correct.

Name	
------	--

Position	
----------	--

Telephone	
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Signature: _____ Date: ____/____/____

FOR OFFICE USE ONLY

CHECK	CHECKED BY	DATE
FIELD COORDINATOR CHECK		/ /
PRE-DATA ENTRY CHECK		/ /
DATA ENTRY COMPLETED		/ /
VERIFICATION CHECK		/ /