



SCHOOL COPY

**MINISTRY OF EDUCATION AND SPORTS**  
 Education Planning and Policy Analysis Department (EPPAD)  
 P.O. Box 7063, Kampala  
 Tel.: 0414-233-357 Fax: 0414-232-104  
**UGANDA ANNUAL SCHOOL CENSUS 2013**

**FORM A: STATISTICAL RETURNS FOR PRIMARY SCHOOLS (ASC-FAQ-2013)**

**INSTRUCTIONS:**

- (1) This questionnaire should be completed by all Heads of all government and private Primary schools.
- (2) Provide all information reflecting the condition in your school as of the beginning of term one unless otherwise indicated. This will be treated as confidential and used exclusively for research and planning purposes.
- (3) Complete 3 copies of the form. Retain 1 copy for the school and submit 2 copies to the DEO/MoES official on the day of the workshop.

**NOTICE:** Head Teachers are obliged by law to report fully and they hold full responsibility for the information provided. We therefore ask that you give special attention to each question and its reporting requirements in order to maximize data accuracy, completeness, relevancy and reporting timeliness. In this way you will directly contribute to our efforts to produce the most meaningful educational planning at the school, district and national levels.

If you have questions, please consult the instruction manual, MOES official, your Coordinator, District Education Officer (DEO), or Municipal Education Officer (MEO).

**SECTION A: SCHOOL IDENTIFICATION**

If the information on the label is incorrect, please cross out the incorrect information on the label and make the correction(s) on the right. Please note this is a new MOES numeric school code replacing any other previously used school code. If a sub-county or parish is listed on the label as Unknown, please provide the correct name.

Identifier	Name	Numeric Code (for office use only)
<b>Space for School Identification Label.</b>	<b>A.1. District</b>	<b>59</b>
<b>If there is no label, please complete school information boxes on the right.</b>	<b>A.2. County/Municipality</b>	<b>07</b>
	<b>A.3. Sub-County/Division</b>	<b>03</b>
	<b>A.4. Parish/Ward</b>	<b>01</b>
	<b>A.5.a. School</b>	
	<b>A.5.b. Physical Address</b>	
<b>Telephone, E-mail, Fax, UNEB Numbers, Public</b>	<b>A.6. P. O. Box Town</b>	
	<b>A.7. E-mail Address</b>	
	<b>A.8. Website Address</b>	
	<b>A.9. Contact Telephone</b>	
	<b>A.10. Fax Number (if any)</b>	
	<b>A.11. Min. Pub. Service Code</b>	
	<b>A.12. Reg. License No.</b>	
	<b>Service School Code, Registration License Number</b>	

**QUESTIONNAIRE TRACKING INFORMATION** (fill in this information AFTER completing and verifying the entire questionnaire)

	NAME	SIGNATURE	COMPLETION DATE (DD/MM/YYYY)
<b>Head Teacher</b>	MUSINCHU BENON	[Signature]	19/04/2013
<b>Coordinator/DEO/MEO</b> (received/verified by and date)		[Signature]	19/04/2013
<b>MOES/Kampala</b> (received by and date)			___/___/20___
<b>Data Entry:</b> (completed by and date)			___/___/20___