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| **Statistics 2020 - 2021**  **Catholic Primary Schools** | | | Logo Education |
| 1 | |  | School Details | |
| |  | | --- | | School name: | | School address: | | School roll number: | | School e-mail address: Principal email address: | | School website: | | Tel. No.: Fax No.: | | Parish: | | | |
| 2 | |  | School Category | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| *Tick* ***one*** *box below.*   |  |  | | --- | --- | |  | Parochial | |  |  | |  | Convent / Monastery | |  |  | |  | Private | | *Tick* ***one*** *box below.*   |  |  | | --- | --- | |  | Infants | |  |  | |  | Junior (Inf. – 2nd) | |  |  | |  | Senior (2nd – 6th) | |  |  | |  | Senior (3rd – 6th) | |  |  | |  | All streams (Inf. – 6th) | | *Tick* ***one*** *box below.*   |  |  | | --- | --- | |  | Boys | |  |  | |  | Girls | |  |  | |  | Co-Ed. | |
| Additional classes (e.g. special class / unit for children with autism). Please specify: | | |

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| 3 |  | School Personnel |

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| Chairperson of Board of Management: |
| Principal: |
| Deputy Principal: |
| R.E. Representative: |
| Chaplain’s name and address: |

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| 4 |  | Numbers |

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| --- | --- |
|  | Number of pupils |
|  | Number of teachers (including principal) |
|  | Number of permanent classrooms in the school |
|  | Number used as classrooms |
|  | Number of classrooms used as Learning Support/Resource Rooms |
|  | Number of classrooms used for other school purposes. Please list purpose:   * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Number used for other than school use |
|  | Empty classrooms |

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| --- | --- |
|  | Number of prefab classrooms in school use |
|  | Number used for other than school use |

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| 5 |  | School Day |

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| Opening Time |  |  | Morning Break |  |
| Closing Time |  |  | Lunch Break |  |

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| **6** |  | Teacher and Class Details |

**Please submit a list to include:**

1. The names of all class teachers, the class level being taught and the number of pupils in each class.
2. Names of SEN teachers, HSCL, Language Support teachers

|  |
| --- |
| **Return this form with your list of teachers by Friday 24thth October to**  **by email to** [**statistics@dublindiocese.ie**](mailto:statistics@dublindiocese.ie) |

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| --- | --- | --- | --- | --- |
| **School:** | | | **Roll No.:** | |
| **No.** | **Teacher/SNA** | **Class** | | **No. of Pupils** |
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*Use additional pages if necessary.*