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| **Statistics 2020 - 2021****Catholic Primary Schools** | Logo Education |
| 1 |  | School Details |
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| --- |
| 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.*

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| --- | --- |
|  | 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: |

|  |  |  |
| --- | --- | --- |
| 3 |  | School Personnel |

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

|  |  |  |
| --- | --- | --- |
| 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:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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 |
|  | Number used for other than school use |
|  | Empty classrooms |

|  |  |
| --- | --- |
|  | 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 |  |

|  |  |  |
| --- | --- | --- |
| **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

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| --- |
| **Return this form with your list of teachers by Friday 24thth October to****by email to** **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.*