EMIS NUMBER									

education
Department:
Education
REPUBLIC OF SOUTH AFRICA

SNAP SURVEY
Ordinary Schools
2010

SCHOOL NAME

TO BE COMPLETED BY ALL PUBLIC AND INDEPENDENT ORDINARY SCHOOLS ONLY

ALL INFORMATION TO BE PROVIDED AS AT 26 January 2010 (Inland Schools)
26 January 2010 (Coastal Schools)

The Annual SNAP Survey for Ordinary Schools is the most important source of information regarding the situation at your school. The information collected will contribute to the Education Management Information System (EMIS) of the province and will be of assistance in the management, administration and governance of schools, including the supply of school resources to schools.

DECLARATION

I ,……., principal of ……
*fully understand the provision made in the South African Schools Act No. 84 of 1996 (Section 59 (1) and (2) and Section 16A (2)(g)), which stipulates that every school **must** supply such information about the school as is reasonably required by the Head of Education.*

I certify that the information provided on this form is to the best of my knowledge and belief correct and complete.

Principal:

…… …… ……
Surname and initials Signature Date

I certify that the information provided on this form is to the best of my knowledge and belief correct and complete

Educational Manager:

…… …… ……
Surname and initials Signature Date

……
Designation

Note: Education manager refers to an official who functions at the level of administration between schools and the provincial head office. This manager may function at regional, district, circuit or ward level.

EMIS NUMBER									

Please use the following table when completing the survey form.

Provincial codes:		
Code		**Province Name**
1	=	Western Cape
2	=	Eastern Cape
3	=	Northern Cape
4	=	Free State
5	=	KwaZulu-Natal
6	=	North West
7	=	Gauteng
8	=	Mpumalanga
9	=	Limpopo

1 GENERAL INFORMATION

(Complete ONLY the blocks where particulars have changed, are incorrect or are missing.)

1.1	**School Name**	
1.2	**Province code**	**(Codes on the top page)**
1.3	**School level**	[**1**=Pre-Primary; **2**=Primary; **3**=Secondary; **4**=Intermediate; **5**=Combined]
1.4	**School sector**	[**1**=Public; **2**=Independent]
1.5	**Ownership of land**	[**1**=State;**2**=Church;**3**=Mine;**4**=Farm;**5**=Hospital;**6**=Trust;**7**=Company;**8**=Private Individual;**9**=Factory; **10=**Other: (specify)]
1.6	**Educational region**	
1.7	**Educational district**	
1.8	**Circuit** (If applicable)	
1.9	**Email**	

NOTE: If a particular grade is NOT offered at your school, place an X in the NOT APPLICABLE area for that grade. Do not enter any learner numbers or total for a grade not offered at your school.

If your school does offer a particular grade, but there are no learners for either the Male or Female gender, then enter 0 for the relevant gender. e.g. If your school has only Female learners in Grade 5 then enter 0 under the Male row in the Grade 5 column and the correct number of Female learners in the Female row for Grade 5. Include the total.

2 LEARNER INFORMATION

(Complete the following based on the number of learners according to grade and gender)

2.1 Total number of LEARNERS enrolled at the school on the survey date according to grade and gender.

Gender	Pre Grade R	Grade R	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6	Grade 7
Not Applicable									
Male									
Female									
Total									

Gender	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12	Other	Total	
Not Applicable								
Male								
Female								
Total								

Pre Grade R = *Learners that are not yet in grade R.*
Grade R = *Learners in the grade before grade 1.*
Other *= Learners not grouped in any of the grades provided*
Not Applicable *= the Grade is not offered at your school*

EMIS NUMBER									

3 STAFF INFORMATION

All staff employed at the school on the survey date must be indicated on the survey form.
Staff members who are on leave must be indicated even if they have been replaced by substitutes.
Independent schools must indicate their staff under the heading "governing body".
NO STAFF MEMBER SHOULD BE COUNTED MORE THAN ONCE.

3.1 Number of STAFF remunerated by the STATE (Do not include employees paid by the governing body.)

CATEGORY	Permanent								Temporary								Substitutes								Total		
	Full-time				Part-time				Full-time				Part-time				Full-time				Part-time						
	Male		Female		Male		Female		Male		Female		Male		Female		Male		Female		Male		Female				
Educators																											
Practitioners																											
Prof. non-teaching staff																											
Admin. Staff																											
Support staff																											
Hostel staff																											

3.2 Number of STAFF remunerated by the GOVERNING BODY (Do not include employees paid by the state.)

CATEGORY	Permanent								Temporary								Substitutes								Total		
	Full-time				Part-time				Full-time				Part-time				Full-time				Part-time						
	Male		Female		Male		Female		Male		Female		Male		Female		Male		Female		Male		Female				
Educators																											
Practitioners																											
Prof. non-teaching staff																											
Admin. Staff																											
Support staff																											
Hostel staff																											

3.3 Number of Practitioners remunerated by State or Governing Body or both

Nature of appointment	SGB				State Paid				Both				Total			
	Male		Female		Male		Female		Male		Female		Male		Female	
Part-time																
Full time																

Educators *= Staff working in a teaching position including the principal, remedial educators and specialist educators.*
Practitioner *= Staff working in a pre-primary or a grade R class without the minimum teacher qualification (Lower than NQF level 5.)*
Prof. non-teaching staff = *Personnel who are classified as paramedics, social workers, caregivers, therapists and psychologists.*
Admin. Staff *= Personnel who are classified as secretaries, typists and administrative clerks.*
Support Staff *= Personnel who are classified as laboratory assistants, cleaners, kitchen staff, gardeners, caretakers, messengers, pre primary and Grade R assistants.*
Hostel Staff *= Personnel appointed at the hostel. Educators supervising at the hostel must not be included.*
Substitutes = *An educator who is filling in for another educator who has been included in the permanent or temporary column.*
Full-time = *Appointed in a full-time substantive post who works a full week.*
Part-time *= Appointed to work fewer hours than a full-time employee.*

EMIS NUMBER									

VERIFICATION AND CLEARANCE SECTION

The purpose of this clearance document is for the verification and authentication of the information declared by the school on the survey form.

The form is to be completed in full and verified by the Principal or Deputy Principal (or another designated person) at the school. The principal must sign and stamp the provided space at the bottom of the verification form to confirm that the checking of the survey data has taken place and that all mistakes have been rectified per item on the form. This verification form should be submitted to the district/ regional offices and a copy should be filed at the school for audit purposes.

Once the form is received from a school at the district or regional office, the designated Provincial Education Manager must verify the data in each item on the form. The Provincial Education Manager must sign and stamp the provided space at the bottom of the verification form to confirm that the checking of the survey data has taken place and that all mistakes have been rectified.

1	**SCHOOL LEARNER SECTION**	**Checked and confirmed? Yes / No**		**If not confirmed, please comment**
		Principal	**Education Manager**	
1.1	Has the section on **General School Information** been completed correctly in all aspects? [Table 1.1 – Table 1.9]			
1.2	Does the total number of learners **enrolled** at the school **per grade** balance with the class registers for that grade? [Table 2.1]			

Summary Control Table: Educators				
1.3	Total number of Educators (state and SGB paid) at the school (excluding substitute educators)			
1.4	Total number of substitute Educators at the school(State and SGB paid)			

I certify that the information provided on this form is to the best of my knowledge and belief correct and complete.

	Name	**Signature**	**Date**
Data Compiler			
Principal			
Education Manager			

Principal to place school stamp here

Education Manager to place office stamp here