

Manila Archdiocesan and Parochial Schools Association Inc. (MAPSA Inc.)



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Please submit to the MAPSA Office on or before July 9, 2010.

SCHOOL DATA FORM
SY 2010-2011

Diocese _____

Name of School _____

Address with Zip Code _____

Telephone Number(s) _____ Fax Number(s) _____ Email Address _____

Date of Foundation _____ Year of MAPSA Membership _____ Date of Incorporation _____

I. BOARD OF TRUSTEES

After the name, please indicate term and, position in the Board

NAME

1. _____	6. _____
2. _____	7. _____
3. _____	8. _____
4. _____	9. _____
5. _____	10. _____

II. SCHOOL TEAM

1) Pls. Indicate middle initial; 2) Indicate highest graduate degree after the name; 3) Use additional sheet(s), if needed

SCHOOL HEAD (indicate after name if President, Director or Directress)	VICE-PRESIDENT (if any)
_____	_____
VICE-DIRECTOR/DIRECTRESS (if any)	DEAN (s)
_____	_____
PRINCIPAL(s)	ASSISTANT PRINCIPAL(s) (if any)
_____	_____
Preschool _____	_____
Grade School _____	_____
High School _____	_____
FINANCE OFFICER	_____
HEAD, HRD OFFICE	_____
HEAD, STUDENT AFFAIRS OFFICE	_____
HEAD, INFORMATION TECHNOLOGY OFFICE	_____
Head/Coordinator-CHRISTIAN FORMATION CENTER	_____
REGISTRAR	_____
HEAD, RESEACH DEVELOPMENT	_____

III. MANPOWER COMPLEMENT

Note: Please count only once whoever is both teaching and non teaching, and under that where the bulk of his/her tasks belong.

SCHOOL YEAR	Priest/s	Brother/s	Sister/s	Lay Teaching Personnel	Lay Non-Teaching Personnel	TOTAL
2010-2011						
2009-2010						

IV. NUMBER OF TEACHERS

Note: Please count only once whoever teaches in more than 1 level, and across that where s/he has the most assignment.

LEVEL	SY 2010-2011			SY 2009-2010		
	Male	Female	Total	Male	Female	Total
Preschool						
Elementary						
High School						
College						
Graduate School						
Total						

V. NUMBER OF RELIGION TEACHES

Note: Please do as noted in IV.

LEVEL	SY 2010-2011		SY 2009-2010	
	Male	Female	Male	Female
ELEMENTARY				
1. Diocesan Priests				
2. Religious				
a. Priests				
b. Brothers				
c. Sisters				
3. Lay				
HIGH SCHOOL				
1. Diocesan Priests				
2. Religious				
a. Priests				
b. Brothers				
c. Sisters				
3. Lay				
TOTAL				

VI. STUDENT ENROLLMENT STATISTICS (SY 2010-2011)

Please note that below is a Table for separate entry for Night Elementary and High School Enrollment, if any.

LEVEL	PRESCHOOL AND ELEMENTARY			LEVEL	HIGHSCHOOL AND COLLEGE		
	Male	Female	Total		Male	Female	Total
Preschool				1 st year			
Grade 1				2 nd year			
Grade 2				3 rd year			
Grade 3				4 th year			
Grade 4				College			
Grade 5				Voc./Tech.			
Grade 6				SpEd			
Total				Total			

LEVEL	FEES (ANNUAL AVERAGE) SY 2010-2011	
	TUITION FEES	OTHER FEES
Preschool		
Grade 1		
Grade 2		
Grade 3		
Grade 4		
Grade 5		
Grade 6		
High School		
1 st year		
2 nd year		
3 rd year		
4 th year		
College	Per unit	
Others (Specify)	Use other sheet ,	if necessary

LEVEL	GRADUATES SY 2009-2010		
	Male	Female	Total
Preschool			
Elementary			
High School			
College			
Graduate School			
Voc./Tech.			
SpEd			
Night Elementary			
Night High School			
Others (Specify)			
Total			

NIGHT ELEMENTARY AND HIGH SCHOOL ENROLLMENT

LEVEL	ELEMENTARY		FEES (Annual Average) SY 2010-2011	
	MALE	FEMALE	TUITION FEES	OTHER FEES
Grade 1				
Grade 2				
Grade 3				
Grade 4				
Grade 5				
Grade 6				
TOTAL				

LEVEL	HIGH SCHOOL		FEES (Annual Average) SY 2010-2011	
	MALE	FEMALE	TUITION FEES	OTHER FEES
1 st year				
2 nd year				
3 rd year				
4 th year				
TOTAL				

V. INFORMATION ON PAASCU ACCREDITATION

1. a) Is your school PAASCU-accredited? _____
 b) If yes, please indicate:
 c) If no, proceed to # 2

DEPARTMENT	LEVEL OF ACCREDITATION	DATE OBTAINED	DATE OR YEAR OF NEXT PAASCU VISIT

2. a) Do you plan to apply to be a PAASCU-accredited school? _____
 b) If yes, what department(s)? _____
 c) When about _____

V. INFORMATION ON ESC/EVS

1. a) Do you have enrollees under ESC? _____
 b) If yes, how many

SY 2010-2011			
1 st year	2 nd year	3 rd year	4 th year

2. a) Do you have enrollees under EVS? _____
 b) If yes, how many

SY 2010-2011			
1 st year	2 nd year	3 rd year	4 th year

I certify that the information herein is correct.

(Signature over Printed Name)
 Designation:
 Date: