

**CONFIDENTIAL**

TO BE COMPLETED AND RETURNED TO THE CENTRAL STATISTICAL OFFICE, NATIONAL STATISTICS BUILDING,  
80 INDEPENDENCE SQUARE, P.O. BOX 98, PORT-OF-SPAIN.



Serial No.

Industry No.

**REPUBLIC OF TRINIDAD AND TOBAGO  
MINISTRY OF PLANNING, HOUSING AND THE ENVIRONMENT  
CENTRAL STATISTICAL OFFICE  
BUSINESS SURVEYS SECTION  
SURVEY OF ESTABLISHMENTS 20.....  
PRIVATE EDUCATIONAL INSTITUTIONS FORM**

Date due for submission to C.S.O. ....

**This survey is conducted in accordance with the Statistics Act, Chapter 19:02 of the Revised Laws of the Republic of Trinidad & Tobago (1981). For enquiries, please Phone 623-4493 exts. 4414-23, Email: [annecia.ellies@statistics.gov.tt](mailto:annecia.ellies@statistics.gov.tt) or Fax 625-3802. Information on this survey and Instructions for the completion of this form can also be accessed from our website: [www.cso.gov.tt](http://www.cso.gov.tt)**

SECTION 1 - CHARACTERISTICS OF ESTABLISHMENT		FOR OFFICE USE ONLY												
1.1 Name of School .....		TTSIC <input type="text"/> <input type="text"/> <input type="text"/> 22-25												
1.2 Address .....		EMPLOYMENT YEAR <input type="text"/> <input type="text"/> 26-27												
Phone Number ..... Fax. ....		EMPLOYMENT FIGURE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 28-31												
Email ..... Website .....		E.D. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 32-36												
1.3 Type of education ( <i>see instruction 1.3</i> )		YEAR BEGAN OPERATION <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 37-40												
<input type="checkbox"/> Pre-Primary <input type="checkbox"/> Primary <input type="checkbox"/> Secondary		YEAR OF DATA <input type="text"/> <input type="text"/> 41-42												
<input type="checkbox"/> Technical/Commercial/Vocational <input type="checkbox"/> Other ( <i>Specify</i> ):		COUNTY/WARD <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 43-44												
1.4 Year began operation .....		LEGAL CODE <input type="text"/> 45												
1.5 Type of Ownership ( <i>Please Tick one</i> )		OWNERSHIP CODE <input type="text"/> <input type="text"/> <input type="text"/>												
<input type="radio"/> Sole Proprietorship <input type="radio"/> Government		COMMUNITY CODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>												
<input type="radio"/> Partnership <input type="radio"/> Co-operative		REGIONAL CORPORATION CODE <input type="text"/> <input type="text"/>												
<input type="radio"/> Private Limited Company <input type="radio"/> Non-Profit Institution														
<input type="radio"/> Public Limited Company <input type="radio"/> Other ( <i>Specify</i> ) .....														
1.6 Ownership of Equity	<table border="1"> <thead> <tr> <th align="center">Country</th> <th align="center">% Foreign</th> <th align="center">% National</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Country	% Foreign	% National										
Country	% Foreign	% National												
*1.7 Reference period for data supplied (see below) .....														
SECTION 2 - ENROLMENT AND EMPLOYMENT														
2.1 Students enrolled .....														
2.2 Staff employed      May .....      November .....														
*Reference period is normally the firm's financial year. E.g. March 1st 2006 to February 28th 2007 In order for data submitted to be classified as survey data, the period to which it pertains should be either of the following:- (1) the calendar year under survey e.g. January to December; (2) any 12-month period in which at least six (6) of those months fell within the year being surveyed.		<input type="checkbox"/> Type of Form												

Figures should be rounded to the nearest \$TT

<b>SECTION 3 - CURRENT EXPENDITURE</b>			
	For Office Use Only	Total	Of which: Paid to Non- residents
		\$T.T.	
3.1 Total labour payments . . . . .	03001		
3.2 Materials and supplies . . . . .	03010		
3.3 Electricity, telephone, postage . . . . .	03079		
3.4 Insurance (buildings, vehicles etc.) . . . . .	03082		
3.5 Interest and bank charges . . . . .	03141		
3.6 Rental of building and lands . . . . .	03139		
3.7 Depreciation . . . . .	07026		
3.8 All other current expenses . . . . .	03132		
<b>3.0 TOTAL CURRENT EXPENDITURE</b> . . . . .	<b>03000</b>		
<b>SECTION 4 - RECEIPTS</b>			
	For Office Use Only	Total	Of which: Paid to Non- residents
		\$T.T.	
4.1 Receipts from Student Fees . . . . .	04001		
4.2 All other receipts ( <i>Please specify</i> ) . . . . .	04024		
. . . . .			
<b>4.0 TOTAL RECEIPTS</b> . . . . .	<b>04000</b>		
<b>SECTION 5 - STOCKS</b>			
	For Office Use Only	As at the beginning of	As at the end of
		200...	200...
<b>5.0 TOTAL STOCKS</b> . . . . .	<b>05000</b>		
<b>SECTION 6 - CAPITAL EXPENDITURE</b>			
Amount spent during the reference period, on the following fixed assets:	For Office Use Only	New assets	Alterations, renovations, improvements
6.1 Buildings (New buildings, renovations, extensions) . . . . .	06002		
6.2 Motor Vehicles . . . . .	06018		
6.3 Plant, machinery and equipment . . . . .	06017		
6.4 Furniture and office equipment . . . . .	06020		
6.5 All other capital expenditure . . . . .	06019		
<b>6.0 TOTAL CAPITAL EXPENDITURE</b> . . . . .	<b>06000</b>		

Signature of Person completing Form: \_\_\_\_\_ Position: \_\_\_\_\_

Name (**Block Letters**): \_\_\_\_\_ Date Completed: \_\_\_\_\_

Remarks from FIRM: \_\_\_\_\_

Signature of CSO Field Officer: \_\_\_\_\_ CSO Editor: \_\_\_\_\_

**DO NOT WRITE BELOW LINE - FOR CSO OFFICE USE ONLY**

Contact Person: \_\_\_\_\_ Phone No: \_\_\_\_\_ Date: \_\_\_\_\_

Query: \_\_\_\_\_

Response: \_\_\_\_\_