



Private School Demographic Assessment Form

The objective of this form is for York Region Public Health to obtain your school demographic profile in preparation of a school outbreak. This form can be completed and kept as an inventory. Thank you for your cooperation.

School

School Name:	Click here to enter text.	
Type:	<input type="checkbox"/> Secondary School <input type="checkbox"/> Elementary <input type="checkbox"/> Both	
Address:	Click here to enter text.	
Telephone:	Click here to enter text.	
Fax Number:	Click here to enter text.	
School Principal	Name	Click here to enter text.
	Extension	Click here to enter text.
	Email	Click here to enter text.
Vice-School Principal Name:	Name	Click here to enter text.
	Extension	Click here to enter text.
	Email	Click here to enter text.
School hours	Click here to enter text.	

Students

Total # of remote learning students	Click here to enter text.
--	---------------------------

Total # of in-person students:	
Grade/Cohort Or Subject/Cohort	Total # of in-person students per Grade/Cohort
Example: Grade 1 A	15
Example: Grade 1 B	20
Example: Grade 9 Math A	25
Example: Grade 9 Math B	21
Click here to enter text.	Click here to enter text.

Add additional rows as needed

Secondary schools on semester schedules or modified schedules based on school subjects should keep an up to date subject schedule with the cohort numbers included. In the event of an outbreak, this information will be requested



Elementary School Recess/Lunch Cohorting

Does your school cohort students for recess/lunch?	<input type="checkbox"/> No <input type="checkbox"/> Yes, list time of recess/lunch by cohorts below.
Example: 10:15-10:45	1A, 2A, 2B, 3C, 7A
Example: 10:45-11:15	1B, 2C, 3A, 4A, 6B
Click here to enter text.	Click here to enter text.

Add additional rows as needed

Teachers

Total # of teachers in school:	Click here to enter text.	
Total # of teachers by type:	Full-time:	Click here to enter text.
	Part-time:	Click here to enter text.

Layout

Total # of floors:	Click here to enter text.
Shared common areas (i.e. cafeteria, gym, study hall, breaks)	Click here to enter text.
Licensed child care (before and care, toddler/preschool rooms) onsite?	Yes <input type="checkbox"/> Centre Name: Click here to enter text. Contact Name: Click here to enter text. Contact Number: Click here to enter text. No <input type="checkbox"/>
Is the school building used for other purposes (i.e. community programs, religious gatherings)	Yes <input type="checkbox"/> Specify: Click here to enter text. No <input type="checkbox"/>
Does your school have portables?	Yes <input type="checkbox"/> Specify: Specify # No <input type="checkbox"/>
Layout of school/floor plan (including separate plan for each floor):	In the event of an outbreak, this information will be requested.

Additional Information

School Transportation Information (Bus / Taxi etc.)			
Transportation Type (i.e. taxi, school bus)	Company Name	Contact Name	Contact Number

Date of Completion (dd-mm-yyyy) and Time of Completion: Click here to enter text.
Completed by and Designation (if applicable): Click here to enter text.