**ANNEXURE A**

**SANITARY PAD PROGRAMME: SCHOOL SURVEY FORM**

**Name of School: ………………………………........**

**Emis No: ………………………………………........**

**Quintile: ……………………………………………**

**District: …………………………………………….**

**CMC: ………………………………………………**

**Grades offered: ……………………………………**

**Girl learner enrolment: ……………………………**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | Do learners in your school need sanitary pads?  (Circle the answer in the adjacent column) | YES | NO |
| 2. | How many girl learners need sanitary pads? |  |  |

**Principal Name: …………………………………………………**

**Signature: ……………………………………………………**

**Date: …………………………………………………………**

**Contact number: ……………………………………………**

School stamp