

REPUBLIC OF THE PHILIPPINES DEPARTMENT OF EDUCATION



SENIOR HIGH SCHOOL STUDENT PERMANENT RECORD

LAST NAME :	ACEVEDA FIRST NAME: MC JEWELLE	MIDDLE NAME : MOLON					
LRN: 11033009		Date of SHS Admission(MI					
11033009	ELIGIBILITY FOR SHS ENROLMEN	 `	10/03/2020				
High School Comp		Gen Ave: 94					
			Address · POBLACION, BACO,				
Date of Graduation/Co	mpletion(MM/DD/YYYY):Name of School:BACO NAT		ORIENTAL MINDORO				
PEPT Passer** Rating : ALS A&E Passer*** Rating : Others(Pls.Specify):							
Date of Examination/Assessment(MM/DD/YYYY): Name and Address of Community Learning Center:							
*High School Completers are students who graduated from secondary school under the old curriulum ****ALS A&E - Alternative Learning System Accreditation and Equivalency Test for JHS							
**PEPT - Philippine Education							
OCHOCH ODIENTAL	SCHOLASTIC RECORD	1 EVEL 44 OV	2000 0004				
	MINDORO NATIONAL HIGH SCHOOL SCHOOL ID: 301800 GRADE		2020-2021 Sem: First First				
TRACK/STRAND:	ACADEMIC TRACK-SCIENCE, TECHNOLOGY, ENGINEERING AND	SECTION:	EULER				
ndicate if Subject is CORE, APPLIED, or SUBJECTS		Quarter	SEM FINAL ACTION				
SPECIALIZED	00502010	1 2	GRADE TAKEN				
Core	Earth Science	89 90	90 PASSED				
Core	Komunikasyon at Pananaliksik sa Wika at Kulturang Pilipino	97 98	98 PASSED				
Core	Oral Communication in Context	94 92	93 PASSED				
Core	Physical Education and Health	96 99	98 PASSED				
Core	Statistics and Probability	90 91	91 PASSED				
Applied	Practical Research 1	92 92	92 PASSED				
Specialized	General Chemistry 1	88 89	89 PASSED				
Specialized	Pre-Calculus	90 90	90 PASSED				
		General Ave. for the Semester:	93 PASSED				
REMARKS :							
Prepared by:	Certified True and Correct:	D	Pate Checked (MM/DD/YYYY);				
	.E G. FAJARDO JEZA RIA A. DEL FIERRO, MI		,,				
Signature of Ad	viser Over Printed Name Signature of Authorized Person Over F	Printed Name, Designation					
REMEDIAL CLASSES	Conducted from(MM/DD/YYYY): to (MM/DD/YYYY):	School:	School ID:				
Indicate if Subject is CORE,		0514 51141	DECOMPLIED ACTION				
APPLIED, or	SUBJECTS	SEM FINAL REMEDIAL GRADE CLASS MARK	RECOMPUTED ACTION FINAL GRADE TAKEN				
SPECIALIZED		OTABL SERIES III/IIII	TIVAL ORABE TAKEN				
Name of Teacher/Advi	ser:	Signature:					
SCHOOL: ORIENTAL	MINDORO NATIONAL HIGH SCHOOL SCHOOL ID: 301800 GRADE	LEVEL: 11 SY:	2020-2021 Sem: Second				
TRACK/STRAND: ACADEMIC TRACK-SCIENCE, TECHNOLOGY, ENGINEERING AND SECTION: EULER							
	MATHEMATICS						
Indicate if Subject is CORE,	2112 12 22	Quarter	SEM FINAL ACTION				
APPLIED, or SPECIALIZED	SUBJECTS	3 4	GRADE TAKEN				
Core	Disaster Readiness and Risk Reduction		88 PASSED				
Core	Introduction to the Philosophy of the Human Person	85 90 94 95	95 PASSED				
Core			95 PASSED 92 PASSED				
	Pagbasa at Pagsusuri ng Iba't Ibang Teksto Tungo sa Pananaliksik						
Core	Personal Development	89 91					
Core	Physical Education and Health	95 97	96 PASSED				
Core	Reading and Writing Skills	88 89	89 PASSED				
Applied	Empowerment Technologies	94 95	95 PASSED				
Specialized	Basic Calculus	85 88	87 PASSED				
Specialized	General Chemistry 2	90 91	91 PASSED				
DEMARKS		General Ave. for the Semester:	91 PASSED				
REMARKS :	0.07.17	_	A-1- Ob				
Prepared by: Certified True and Correct: Date Checked (MM/DD/YYYY);							
JOBELLE G. FAJARDO JEZA RIA A. DEL FIERRO, MDMG - Registrar I							
Signature of Adviser Over Printed Name Signature of Authorized Person Over Printed Name, Designation REMEDIAL CLASSES Conducted from(MM/DD/YYYY): to (MM/DD/YYYY): School: School ID:							
	Conducted from(MM/DD/YYYY): to (MM/DD/YYYY):		3011001 ID.				
Indicate if Subject is CORE, APPLIED, or	SUBJECTS	SEM FINAL REMEDIAL	RECOMPUTED ACTION				
SPECIALIZED	00000010	GRADE CLASS MARK	FINAL GRADE TAKEN				
Name of Teacher/Advi		Signature:					

SCHOOL: ORIENTAL	MINDORO NATIONAL HIGH SCHOOL SCHOOL ID: 301800 GRADE	LEVEL:	SY:		Sem:	
TRACK/STRAND:		SECTION:				
Indicate if Subject is CORE, APPLIED, or	CHD IECTO	Qı	uarter	SEM FINAL	ACTION	
SPECIALIZED	SUBJECTS	1	2	GRADE	TAKEN	
DEMARKS.		General Ave	e. for the Semester	7		
REMARKS : Prepared by:	Certified True and Correct:			Date Checked (MI	//DD/VVVV)·	
Frepared by.	JEZA RIA A. DEL FIERRO, M	1DMG - Reai		die Checkeu (Mi	W/DD/1111),	
Signature of Ad	viser Over Printed Name Signature of Authorized Person Over F	Printed Name,				
REMEDIAL CLASSES	Conducted from(MM/DD/YYYY): to (MM/DD/YYYY):	School:		School ID:		
Indicate if Subject is CORE,	OLID IECTO	SEM FINAL	REMEDIAL	RECOMPUTED	ACTION	
APPLIED, or SPECIALIZED	SUBJECTS	GRADE	CLASS MARK	FINAL GRADE	TAKEN	
N (T) (A)		<u> </u>				
Name of Teacher/Advis	ser:	Signature	·			
		E LEVEL:	SY:		Sem:	
TRACK/STRAND:		SECTION: _		· · · · · · · · · · · · · · · · · · ·		
Indicate if Subject is CORE, APPLIED, or SPECIALIZED	SUBJECTS	Q	uarter	SEM FINAL	ACTION	
APPLIED, or SPECIALIZED	00202010	3	4	GRADE	TAKEN	
		General Av	e. for the Semeste	r.		
REMARKS :		General AV	o. for the Semeste	"		
Prepared by:	Certified True and Correct:			Date Checked (M	M/DD/YYYY);	
	JEZA RIA A. DEL FIERRO, N		istrar I			
ŭ	lviser Over Printed Name Signature of Authorized Person Over I Conducted from(MM/DD/YYYY): to (MM/DD/YYYY):	Printed Name, School:	Designation	School ID		
	O CONGUESTED ITTELLINE TO (INITIALIZED) TTTT).					
Indicate if Subject is CORE, APPLIED, or	SUBJECTS	SEM FINAL GRADE	REMEDIAL CLASS MARK	RECOMPUTED FINAL GRADE	ACTION TAKEN	
SPECIALIZED				1	1	
Name of Teacher/Advi	ser:	Signature	:			
Track/Strand Accompl	Track/Strand Accomplished: SHS General Average:					
Awards/Honors Recei	Awards/Honors Received: Date of SHS Graduation:					
Ceritfied by:						
	ANTIGUE PhD					
Signature of School He	ead Over Printed Name Date					
	or a photocopy of this permanent record that bears the seal of the school ak of the School Head shall be considered valid for all legal purposes. Any					
erasure or alteration made on	nk of the School Head shall be considered valid for all legal purposes. Any this copy should be validated by the School Head. to another school, the originating school should produce one(1) certified true					
copy of this permanent record form.	to another school, the originating school should produce one(1) certified true I for safekeeping. The receiving school shall continue filling up the original					
	school from which the student graduated should keep the original form and					
REMARKS:	Sept to the Stringer Chief.					
Date Issued (MM/DD/YY)	YY):					