

## REPUBLIC OF THE PHILIPPINES DEPARTMENT OF EDUCATION



## SENIOR HIGH SCHOOL STUDENT PERMANENT RECORD

LAST NAME :	ASPECTO FIRST NAME : RICKY JR.	MIDDLE NAME : MAGBANUA			
LRN: 111559	90008 Date of Birth(MM/DD/YYYY) : 08/13/2004 SEX : Male	e Date of SH	S Admission(M	M/DD/YYYY):	10/05/2020
	ELIGIBILITY FOR SHS ENROLME	NT			
High School Co	npleter* Gen Ave: / Junior High School Completer	Gen Ave	88		
Date of Graduation/	Completion(MM/DD/YYYY): 04/03/2020 Name of School: Orietal Min	doro National High So	chool School	Address: San Vi	cente East, Calapan City
PEPT Passer**	Rating: ALS A&E Passer*** Rating	: [	Others(Pls.Sp	ecify):	City
	Assessment(MM/DD/YYYY): Name and Address of Comr	munity Learning	J , ,		
	,	, ,		Equivalency Test for J	HS
**PEPT - Philippine Educa	onal Placement Test for JHS				
	SCHOLASTIC RECORD				
			11 SY:	2020-2021	Sem: First
TRACK/STRAND:	SPORTS TRACK	SECTION:		SPORTS	
Indicate if Subject is COF APPLIED, or	SUBJECTS	Qu	arter	SEM FINAL	ACTION
SPECIALIZED	00000000	1	2	GRADE	TAKEN
Core	Oral Communication in Context	82	86	84	PASSED
Core	Komunikasyon at Pananaliksik sa Wika at Kulturang Pilipino	76	81	79	PASSED
Core	Contemporary Philippine Arts from the Regions	75	84	80	PASSED
Core	Media and Information Literacy	87	88	88	PASSED
Core	General Mathematics	85	87	86	PASSED
Core	Earth and Life Science	84	88	86	PASSED
Core	Introduction to the Philosophy of Human Person	81	80	81	PASSED
Core	Physical Education and Health	91	94	93	PASSED
Core	Understanding Culture, Society and Politics	86	86	86	PASSED
		1		1	
				1	
				1	
		General Ave.	for the Semester	85	PASSED
REMARKS:		,			
Prepared by:	Certified True and Correct:		С	ate Checked (MI	M/DD/YYYY);
MARIA	EDITHA A. COMIA JEZA RIA A. DEL FIERRO, M	MDMG - Registra	ar I		
Signature of	Adviser Over Printed Name Signature of Authorized Person Over	Printed Name, I	Designation		
REMEDIAL CLASS	S Conducted from(MM/DD/YYYY): to (MM/DD/YYYY):	School:		School ID:	
Indicate if Subject is COR	<u> </u>	SEM FINAL	REMEDIAL	RECOMPUTED	ACTION
APPLIED, or SPECIALIZED	SUBJECTS	GRADE	CLASS MARK	FINAL GRADE	TAKEN
OI EGIALIZED					
	+	_			
		+			
	+	<b>+</b>			
Name of Teacher/A		Cianatura			
Name of Teacher/A	visei.	Signature:			
SCHOOL: ORIENT	AL MINDORO NATIONAL HIGH SCHOOL SCHOOL ID: 301800 GRAD	E LEVEL:	11 SY:	2020-2021	Sem: Second
TRACK/STRAND:	SPORTS TRACK	SECTION:		SPORTS.	
Indicate if Subject is COI	E,	Qu	arter	SEM FINAL	ACTION
APPLIED, or SPECIALIZED	SUBJECTS		4	GRADE	TAKEN
0, 0, 1		3	•		
Core	Reading and Writing Skills	88	97	93	PASSED
Core	Pagbasa at Pagsusuri ng Iba't Ibang Teksto Tungo sa Pananaliksik	92	93	93	PASSED
Core	Statistics and Probability	89	93	91	PASSED
Core	Personal Development	92	92	92	PASSED
Core	Physical Science	85	86	86	PASSED
Core	Physical Education and Health	97	97	97	PASSED
Applied	Practical Research 1	88	88	88	PASSED
Specialized	Safety and First Aid	87	87	87	PASSED
Specialized	Sports Officiating and Activity Management	90	75	83	PASSED
	•				
		General Ave.	for the Semester	90	PASSED
REMARKS:		General Ave.			
Prepared by:	Certified True and Correct:		С	90 Date Checked (MI	
Prepared by: MARI	EDITHA A.COMIA JEZA RIA A. DEL FIERRO, N	MDMG - Registra	E ar I		
Prepared by:  MARI  Signature of	Adviser Over Printed Name  JEZA RIA A. DEL FIERRO, N Signature of Authorized Person Over	MDMG - Registr	E ar I	Date Checked (MI	M/DD/YYYY);
Prepared by:  MARI  Signature of	EDITHA A.COMIA JEZA RIA A. DEL FIERRO, N	MDMG - Registra	E ar I		M/DD/YYYY);
Prepared by:  MARI.  Signature of  REMEDIAL CLASS  Indicate if Subject is COF	Adviser Over Printed Name Signature of Authorized Person Over to (MM/DD/YYYY):  to (MM/DD/YYYY):	MDMG - Registr	E ar I	Date Checked (MI	M/DD/YYYY);
Prepared by:  MARI  Signature of  REMEDIAL CLASS	Adviser Over Printed Name Signature of Authorized Person Over to (MM/DD/YYYY):  to (MM/DD/YYYY):	MDMG - Registra Printed Name, I School:	ar I Designation	Date Checked (MI	M/DD/YYYY);
Prepared by:  MARL Signature of REMEDIAL CLASS Indicate if Subject is COP APPLIED, or	Adviser Over Printed Name Signature of Authorized Person Over to (MM/DD/YYYY):  to (MM/DD/YYYY):	MDMG - Registra Printed Name, I School: SEM FINAL	ar I Designation REMEDIAL	Oate Checked (MI School ID:	M/DD/YYYY);  ACTION
Prepared by:  MARL Signature of REMEDIAL CLASS Indicate if Subject is COP APPLIED, or	Adviser Over Printed Name Signature of Authorized Person Over to (MM/DD/YYYY):  to (MM/DD/YYYY):	MDMG - Registra Printed Name, I School: SEM FINAL	ar I Designation REMEDIAL	Oate Checked (MI School ID:	M/DD/YYYY);  ACTION
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SCHOOL: ORIENTAL	MINDORO NATIONAL HIGH SCHOOL SCHOOL ID: 301800 GRADE	LEVEL:	SY:		Sem:		
TRACK/STRAND:		SECTION:					
Indicate if Subject is CORE, APPLIED, or SPECIALIZED	SUBJECTS	Qua	arter 2	SEM FINAL GRADE	ACTION TAKEN		
		General Ave.	for the Semester	:			
REMARKS :	Out to LT was and Ourseld			No. ( a. Oharada al (NA)	4/00000		
Prepared by:	Certified True and Correct: JEZA RIA A. DEL FIERRO, M	IDMG - Regis		ate Checked (MI	W/DD/YYYY);		
<del>-</del>	viser Over Printed Name  Conducted from(MM/DD/YYYY):  Signature of Authorized Person Over F to (MM/DD/YYYY):	Printed Name, D School:	esignation	School ID:			
Indicate if Subject is CORE, APPLIED, or	SUBJECTS	SEM FINAL	REMEDIAL	RECOMPUTED	ACTION		
SPECIALIZED	30B3E013	GRADE	CLASS MARK	FINAL GRADE	TAKEN		
Name of Teacher/Advis		Signature:					
SCHOOL: ORIENTAL TRACK/STRAND:		ELEVEL: SECTION:	SY: _		Sem:		
			arter	0514 511141	AOTION		
Indicate if Subject is CORE, APPLIED, or SPECIALIZED	SUBJECTS	3	4	SEM FINAL GRADE	ACTION TAKEN		
		General Ave	for the Semester				
REMARKS :		Oerierai Ave.	Tor the Jemeste	1			
Prepared by:	Certified True and Correct:	ADMC Book		Date Checked (M	M/DD/YYYY);		
Signature of Ad	viser Over Printed Name  JEZA RIA A. DEL FIERRO, N Signature of Authorized Person Over F						
REMEDIAL CLASSES	Conducted from(MM/DD/YYYY):to (MM/DD/YYYY):	School:		School ID	<u> </u>		
Indicate if Subject is CORE, APPLIED, or SPECIALIZED	SUBJECTS	SEM FINAL GRADE	REMEDIAL CLASS MARK	RECOMPUTED FINAL GRADE	ACTION TAKEN		
Name of Teacher/Advi	ser:	Signature:					
Track/Strand Accomplished:			SHS General Average:				
Awards/Honors Received Ceritfied by:	ved:	I	Date of SHS Gr	aduation:			
-	ANTIGUE PhD						
Signature of School He							
NOTE: This permanent record	or a photocopy of this permanent record that bears the seal of the school ik of the School Head shall be considered valid for all legal purposes. Any						
erasure or alteration made on if the student transfers	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.	for safekeeping. The receiving school shall continue filling up the original chool from which the student graduated should keep the original form and						
produce one(1) certified true of							
REMARKS:  Date Issued (MM/DD/YY)	M).						