

## REPUBLIC OF THE PHILIPPINES DEPARTMENT OF EDUCATION

## SF 10 / FORM 137 DEPERTMENT OF EDUCATION

## SENIOR HIGH SCHOOL STUDENT PERMANENT RECORD

LAST NAM	ME :	BRIONES	FIRST NAME :	DIANA	ABELLE KRIS	ΓΙΑ MID	DLE NAME :	GUTIE	RREZ
LRN:	110658090	0020 Date of Birth(MM/D	DD/YYYY):	12/15/2003	SEX: Fem	ale Date of SH	- IS Admission(M	M/DD/YYYY):	10/05/2020
			ELIG	BIBILITY FOR S	SHS ENROLMI	ENT			
High S	School Comp	eter* Gen Ave :	/	Junior High Sc	chool Complete	er Gen Ave	: 93		
Date of G	raduation/Co	mpletion(MM/DD/YYYY):	04/03/2020	Name of Scho	ol: San Tec	doro National High So	hool School	Address : Suha,	Bigaan, San Teodoro
PEPT	Passer**	Rating:		ALS A&E Pass	ser*** Rating	g :	Others(Pls.Sp	ecify):	
		ssessment(MM/DD/YYYY) :		l		munity Learning	J ' '		
		students who graduated from seconda	ary school under the			, ,		Equivalency Test for J	HS
**PEPT - Phil	lippine Education	al Placement Test for JHS							
				SCHOLASTI					
		MINDORO NATIONAL HIGH SO				DE LEVEL:	11 SY:	2020-2021	Sem: First
						SECTION:		NTREPRENEUR	
Indicate if Subject is CORE, APPLIED, or SPECIALIZED SUBJECTS						1 Qi	arter 2	SEM FINAL GRADE	ACTION TAKEN
С	Core Oral Communication in Context					91	91	91	PASSED
	Core	Komunikasyon at Pananaliksik	sa Wika at Kultura	ang Filipino	93	96	95	PASSED	
С	Core	General Mathematics			93	94	94	PASSED	
С	Core	Earth and Life Science				97	97	97	PASSED
С	Core	Personal Development				92	93	93	PASSED
С	Core	Understanding Culture, Society	and Politics		93	95	94	PASSED	
С	Core	Physical Education and Health			90	98	94	PASSED	
Ар	plied	English for Academic and Profe	93	93	93	PASSED			
Ap	plied	Practical Research 1				91	98	95	PASSED
						General Ave	e. for the Semester	94	PASSED
REMARK	S:								
Prepared	•		Certified Tro	ue and Correct:				Date Checked (MI	M/DD/YYYY);
		IEL B. CATLE				MDMG - Registr			
_	•	viser Over Printed Name	J	ure of Authorize	ed Person Ove	r Printed Name,	Designation		
REMEDIA	AL CLASSES	Conducted from(MM/DD/YYY	Y):	to (MM/DD/YY	YY):	School:		School ID:	
	bject is CORE,		0115.1507			SEM FINAL	REMEDIAL	RECOMPUTED	ACTION
	LIED, or SIALIZED		SUBJECT	5		GRADE	CLASS MARK	FINAL GRADE	TAKEN
						+			
						+	1		
Name of T	Teacher/Advis	ser:				Signature:			
						_	-		
		MINDORO NATIONAL HIGH S				DE LEVEL:	11 SY:	2020-2021	Sem: Second
TRACK/ST	TRAND: A	CADEMIC TRACK-ACCOUNTA	NCY, BUSINESS	AND MANAGEM	ENTSTRAND	SECTION:	ABIV	I ENTREPRENEL	JR
	ubject is CORE,	CLID IFCTC				Qı	uarter	SEM FINAL	ACTION
	LIÉD, or CIALIZED		SUBJECT	5		3	4	GRADE	TAKEN
	Core	Reading and Writing Skills				94	96	95	PASSED
	Core	Pagbasa at Pagsusuri ng Iba't	Ibang Teksto Tung	no sa Pananaliksi	k	95	97	96	PASSED
	Core	Statistics and Probability	9	,		94	95	95	PASSED
	Core	Physical Science				94	95	95	PASSED
	Core	Physical Education and Health				89	98	94	PASSED
	oplied	Empowerment Technologies				94	94	94	PASSED
	cialized	Organization and Management	 t			92	95	94	PASSED
·	cialized	Business Mathematics	-			97	98	98	PASSED
<u> </u>	cialized	Fundamentals of Accountancy	Business and Ma	nagement 1		93	96	95	PASSED
Орес	J.G.11200	. saon and or Accountancy,	, 200,1000 and Mic			- 33	1 30	33	. /\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
						+	+	<del>                                     </del>	
							+	<del>                                     </del>	
						General Ave	. for the Semester	95	PASSED
REMARK						- Contrai Ave	2. 3.0 3011103(6)	- 55	. / (002)
Prepared			Certified Tr	ue and Correct:				Date Checked (MI	M/DD/YYYY);
_	•	IEL B. CATLE				MDMG - Registr		_	
Siç	gnature of Ad	viser Over Printed Name	Signat	ure of Authorize	ed Person Ove	r Printed Name,	Designation		
REMEDIA	AL CLASSES	Conducted from(MM/DD/YYY	Y):	to (MM/DD/YY	YY):	School:		School ID:	
	ubject is CORE,					SEM FINAL	REMEDIAL	RECOMPUTED	ACTION
APPL	LIED, or CIALIZED		SUBJECT	S		GRADE	CLASS MARK	FINAL GRADE	TAKEN
SPEC	MALIZED								
								<del>                                     </del>	
								-	
						+		<del>                                     </del>	
Nama of 7	Teacher/Advis	or:				Cianatura		I	L
rvanne on 1	i caci ici/AUVI	JUI.				Signature:			

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: Date Checked (MI  JEZA RIA A. DEL FIERRO, MDMG - Registrar I										
<del>-</del>	Signature of Adviser Over Printed Name  REMEDIAL CLASSES Conducted from(MM/DD/YYYY):  Signature of Authorized Person Over Printed Name, Designation  to (MM/DD/YYYY): School: 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 demester	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 Accompl	ished:		SHS	General Average:						
Awards/Honors Received: Date of SHS Graduation: Ceritfied by:										
-	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).									