

REPUBLIC OF THE PHILIPPINES DEPARTMENT OF EDUCATION

SF 10 / FORM 137 DETECTION DEPARTMENT TO FEDUCATION

SENIOR HIGH SCHOOL STUDENT PERMANENT RECORD

LASTN	LAST NAME : CAJAYON FIRST NAME : CHRISTINE SOPHI						MIDE	DLE NAME :	BAGSIC			
LRN:	111570090		_	09/29/2003	SEX:	Female		S Admission(M		10/05/2020		
LKIN.	111570090			GIBILITY FOR	_			5 Admission(ivii	VI/DD/1111).	10/05/2020		
	h 0 - h l 0	leter* Gen Ave :		¬			Gen Ave :	96				
	h School Comp			Junior High		•			0 \(\(\)			
Date of	Graduation/Co	mpletion(MM/DD/YYYY):	04/03/2020	_ Name of Sch	nool :	rientai Mind	oro National High S	School A	Address: San, Vi	cente East, Calapan City		
PEP	PT Passer**	Rating:		ALS A&E Pa	asser***	Rating:		Others(Pls.Sp	ecify):			
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												
•	•	al Placement Test for JHS	.,									
				SCHOLAS'	TIC RECC	RD						
SCHOOL	L: ORIENTAL	MINDORO NATIONAL HIGH SO	CHOOL SCH	OOL ID:	301800	GRADE	LEVEL:	11 SY:	2020-2021	Sem: First		
							SECTION:		EXECUTIVE			
Indicate if	Subject is CORE,						Ou	arter	CEM EINIAI	ACTION		
AP	PPLIÉD, or	SUBJECTS							SEM FINAL GRADE	ACTION TAKEN		
SPECIALIZED							1 2		ONADE	IAKEN		
	Core	Oral Communication in Context	t				98	96	97	PASSED		
	Core	Komunikasyon at Pananaliksik	sa Wika at Kultu	rang Filipino			95	98	97	PASSED		
	Core	General Mathematics					95	97	96	PASSED		
	Core	Earth and Life Science					97	97	97	PASSED		
	Core	Personal Development					95	95	95	PASSED		
	Core	Understanding Culture, Society	96	98	97	PASSED						
	Core	Physical Education and Health					99	99	99	PASSED		
	Applied	English for Academic and Profe	assignal Durages	ne .			96	96	96	PASSED		
	• • • • • • • • • • • • • • • • • • • •	Practical Research 1	osionai Fuipose	,,,					+			
—	Applied	Fractical Research T					98	98	98	PASSED		
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								<u></u>	ļ <u> </u>			
							General Ave.	for the Semester	97	PASSED		
REMAR	RKS :											
Prepare	ed by:		Certified T	rue and Corre	ct:			D	ate Checked (MN	//DD/YYYY);		
	GLEACEL	. M. HERNANDEZ		JEZA RIA A	A. DEL FIE	RRO, MI	DMG - Registra	ar I				
5	Signature of Ad	viser Over Printed Name	Signa	ature of Authori	ized Perso	n Over P	rinted Name, D	Designation				
REMED	DIAL CLASSES	Conducted from(MM/DD/YYY	Y):	to (MM/DD/\	YYYY):	;	School: School ID:					
	Subject is CORE,	·	·	·			0=14=1111					
AP	PLIED, or		SUBJECT	ΓS			SEM FINAL GRADE	REMEDIAL CLASS MARK	RECOMPUTED FINAL GRADE	ACTION TAKEN		
SPE	ECIALIZED						GRADE	OE/100 MI/THIC	FINAL GRADE	TANLIN		
Name of Teacher/Adviser:							Signature:			I		
							- Signature.					
SCHOO	L: ORIENTAL	MINDORO NATIONAL HIGH S	CHOOL SCH	OOL ID:	301800	GRADE	LEVEL:	11 SY: _	2020-2021	Sem: Second		
TRACK/	STRAND: A	CADEMIC TRACK-ACCOUNTA	NCY, BUSINES:	S AND MANAGE	EMENT STR	RAND S	SECTION:	Α	BM EXECUTIVE			
Indicate if	Subject is CORE,						Qu	arter	CEM FINIAL	ACTION		
APPLIÉD, or		SUBJECTS							SEM FINAL GRADE	ACTION TAKEN		
SP	PECIALIZED						3	4	GIVIBE			
	Core	Reading and Writing Skills					96	98	97	PASSED		
	Core	Pagbasa at Pagsusuri ng Iba't	lbang Teksto Tu	ngo sa Pananalil	ksik		91	96	94	PASSED		
	Core	Statistics and Probability					95	95	95	PASSED		
	Core	Physical Science					96	97	97	PASSED		
	Core	Physical Education and Health					93	98	96	PASSED		
	Applied	Empowerment Technologies					88	92	90	PASSED		
	pecialized	Organization and Management					96	97	97	PASSED		
	pecialized	Business Mathematics					96	98	97	PASSED		
			Pucinoss	Managamant 4					+ -			
Sp	pecialized	Fundamentals of Accountancy,	Dusiness, and I	viariagement 1			90	94	92	PASSED		
							General Ave.	for the Semester	95	PASSED		
REMAR	RKS :											
Prepare	•		Certified T	rue and Corre					ate Checked (MI	M/DD/YYYY);		
	GLEACEL	. M. HERNANDEZ	_	JEZA RIA A	A. DEL FIE	RRO, M	DMG - Registra	ar I				
Signature of Adviser Over Printed Name Signature of Authorized Person Over F								Printed Name, Designation				
REMED	DIAL CLASSES	Conducted from(MM/DD/YYY	Y):	to (MM/DD/	YYYY):		School:		School ID:			
Indicate if	Subject is CORE,						CEM FINIAL	DEMEDIA	RECOMPLITED	ACTION		
AP	PPLIÉD, or		SUBJEC	TS			SEM FINAL GRADE	REMEDIAL CLASS MARK	RECOMPUTED FINAL GRADE	ACTION TAKEN		
SPI	ECIALIZED						SIGNE	22.30 W/W	. II WAL GRADE	PAREN		
Nome	of Teacher/Advis						Signature:		•	•		

		LEVEL:	SY:		Sem:	
TRACK/STRAND:		SECTION:				
Indicate if Subject is CORE, APPLIED, or SPECIALIZED	SUBJECTS	Qua 1	arter 2	SEM FINAL GRADE	ACTION TAKEN	
		General Ave.	for the Semester	r:		
REMARKS :	Contified True and Connect			Nata Charles d (MI	4/00/00/00	
Prepared by: Signature of Ad	Certified True and Correct: JEZA RIA A. DEL FIERRO, N Signature of Authorized Person Over F		strar I	Date Checked (MI	W/UU/YYYY);	
REMEDIAL CLASSES	Conducted from(MM/DD/YYYY):to (MM/DD/YYYY):	School:	DEMERIN	School ID:	ACTION	
APPLIED, or SPECIALIZED	SUBJECTS	SEM FINAL GRADE	REMEDIAL CLASS MARK	FINAL GRADE	TAKEN	
Name of Teacher/Advi	ser:	Signature:				
SCHOOL: ORIENTAL TRACK/STRAND:		ELEVEL:	SY:		Sem:	
Indicate if Subject is CORE,		Qu	arter	SEM FINAL	ACTION	
APPLIED, or SPECIALIZED	00002010	3	4	GRADE	TAKEN	
		General Ave.	for the Semeste	r:		
REMARKS : Prepared by:	Certified True and Correct:		-	Date Checked (M	M/DD/VVVV):	
	JEZA RIA A. DEL FIERRO, Moviser Over Printed Name Signature of Authorized Person Over I		strar I		W	
•	Conducted from(MM/DD/YYYY): to (MM/DD/YYYY):	School:		School ID	:	
Indicate if Subject is CORE, APPLIED, or SPECIALIZED	SUBJECTS	SEM FINAL GRADE	REMEDIAL CLASS MARK	RECOMPUTED FINAL GRADE	ACTION TAKEN	
Name of Teacher/Adv	inor:	Signature:				
Track/Strand Accomp		_ Signature:	9110 (General Average:		
Awards/Honors Recei		Date of SHS Graduation:				
Ceritfied by:						
	BANTIGUE PhD ead Over Printed Name Date					
	d or a photocopy of this permanent record that bears the seal of the school nk of the School Head shall be considered valid for all legal purposes. Any					
erasure or alteration made or if the student transfers	n this copy should be validated by the School Head. to another school, the originating school should produce one(1) certified true					
form.	d for safekeeping. The receiving school shall continue filling up the original school from which the student graduated should keep the original form and					
produce one(1) certified true REMARKS:	copy for the Division Office.					
Date Issued (MM/DD/YY	YY):					