REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF EDUCATION

SF 10 / FORM 137

SENIOR HIGH SCHOOL STUDENT PERMANENT RECORD

LEARNER'S INFORMATION

LAST NAME : CEZAR FIRST NAME : HENRY MIDDLE NAME : BOJERES

LRN : 111578090012 Date of Birth(MM/DD/YYYY) : 10/22/2001 SEX : Male Date of SHS Admission(MM/DD/YYYY): 10/05/2020

ELIGIBILITY FOR SHS ENROLMENT

☐ High School Completer* Gen Ave : ☑ Junior High School Completer Gen Ave : 92

Date of Graduation/Completion(MM/DD/YYYY) : 04/03/2020 Name of School : Oriental Mindoro National High School School Address : San Vicente East, Calapan City

☐ 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 Educational Placement Test for JHS

SCHOLASTIC RECORD

SCHOOL: ORIENTAL MINDORO NATIONAL HIGH SCHOOL SCHOOL ID: 301800 GRADE LEVEL: 11 SY : 2020-2021 Sem: First

TRACK/STRAND: TVL TRACK-HOME ECONOMICS STRAND SECTION: CABIN STEWARD

Indicate if Subject is CORE, APPLIED, or SPECIALIZED	SUBJECTS	Quarter		SEM FINAL GRADE	ACTION TAKEN
		1	2		
Core	Oral Communication in Context	82	82	82	PASSED
Core	Komunikasyon at Pananaliksik sa Wika at Kulturang Pilipino	75	83	79	PASSED
Core	General Mathematics	90	90	90	PASSED
Core	Personal Development	89	89	89	PASSED
Core	Physical Education and Health	86	80	83	PASSED
Applied	English for Academic and Professional Purposes	91	91	91	PASSED
Applied	Filipino sa Piling Larang (Tech-Voc)	87	87	87	PASSED
Specialized	Bread and Pastry Production 1 (NC II)	84	89	87	PASSED
Specialized	Food and Beverage Services 1 (NC II)	80	82	81	PASSED
	General Ave. for the Semester:			85	PASSED

REMARKS :

Prepared by: Certified True and Correct: Date Checked (MM/DD/YYYY);

CELESTE A. RAMOS — 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:

Indicate if Subject is CORE, APPLIED, or SPECIALIZED	SUBJECTS	SEM FINAL GRADE	REMEDIAL CLASS MARK	RECOMPUTED FINAL GRADE	ACTION TAKEN

Name of Teacher/Adviser: Signature:

SCHOOL: ORIENTAL MINDORO NATIONAL HIGH SCHOOL SCHOOL ID: 301800 GRADE LEVEL: 11 SY : 2020-2021 Sem: Second

TRACK/STRAND: TVL TRACK-HOME ECONOMICS STRAND SECTION: CABIN STEWARD

Indicate if Subject is CORE, APPLIED, or SPECIALIZED	SUBJECTS	Quarter		SEM FINAL GRADE	ACTION TAKEN
		3	4		
Core	Reading and Writing Skills	83	85	84	PASSED
Core	Pagbasa at Pagsusuri ng Iba't Ibang Teksto Tungo sa Pananaliksik	85	75	80	PASSED
Core	Statistics and Probability	76	79	78	PASSED
Core	Understanding Culture, Society and Politics	86	86	86	PASSED
Core	Physical Education and Health	90	80	85	PASSED
Applied	Practical Research 1	81	88	85	PASSED
Specialized	Bread and Pastry Production 2 (NC II)	80	84	82	PASSED
Specialized	Food and Beverage Services 2 (NC II)	83	83	83	PASSED
	General Ave. for the Semester:			83	PASSED

REMARKS :

Prepared by: Certified True and Correct: Date Checked (MM/DD/YYYY);

CELESTE A. RAMOS — 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:

Indicate if Subject is CORE, APPLIED, or SPECIALIZED	SUBJECTS	SEM FINAL GRADE	REMEDIAL CLASS MARK	RECOMPUTED FINAL GRADE	ACTION TAKEN

Name of Teacher/Adviser: Signature:

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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	Quarter		SEM FINAL GRADE	ACTION TAKEN
		1	2		
	General Ave. for the Semester:				

REMARKS : _____

Prepared by: Certified True and Correct: Date Checked (MM/DD/YYYY);

_____ 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: _____

Indicate if Subject is CORE, APPLIED, or SPECIALIZED	SUBJECTS	SEM FINAL GRADE	REMEDIAL CLASS MARK	RECOMPUTED FINAL GRADE	ACTION TAKEN

Name of Teacher/Adviser: _____ 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	Quarter		SEM FINAL GRADE	ACTION TAKEN
		3	4		
	General Ave. for the Semester:				

REMARKS : _____

Prepared by: Certified True and Correct: Date Checked (MM/DD/YYYY);

_____ 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: _____

Indicate if Subject is CORE, APPLIED, or SPECIALIZED	SUBJECTS	SEM FINAL GRADE	REMEDIAL CLASS MARK	RECOMPUTED FINAL GRADE	ACTION TAKEN

Name of Teacher/Adviser: _____ Signature: _____

Track/Strand Accomplished: _____ SHS General Average: _____

Awards/Honors Received: _____ Date of SHS Graduation: _____

Ceritfied by:

NIMROD F. BANTIGUE PhD _____

Signature of School Head Over Printed Name Date

NOTE:

This permanent record or a photocopy of this permanent record that bears the seal of the school and the original signature in ink of the School Head shall be considered valid for all legal purposes. Any erasure or alteration made on this copy should be validated by the School Head.

if the student transfers to another school, the originating school should produce one(1) certified true copy of this permanent record for safekeeping. The receiving school shall continue filling up the original form.

Upon graduation, the school from which the student graduated should keep the original form and produce one(1) certified true copy for the Division Office.

REMARKS: _____

Date Issued (MM/DD/YYYY): _____