REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF EDUCATION

SF 10 / FORM 137

SENIOR HIGH SCHOOL STUDENT PERMANENT RECORD

LEARNER'S INFORMATION

LAST NAME : COSTALES FIRST NAME : PRINCESS JOANNA MIDDLE NAME : OBANDO

LRN : 111570090115 Date of Birth(MM/DD/YYYY) : 11/15/2004 SEX : Female 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 : 85

Date of Graduation/Completion(MM/DD/YYYY) : _____ Name of School : Community Vocational HS School Address : Masipit, Calapan City, 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 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: GENERAL ACADEMIC STRAND SECTION: CANDOR

Indicate if Subject is CORE, APPLIED, or SPECIALIZED	SUBJECTS	Quarter		SEM FINAL GRADE	ACTION TAKEN
		1	2		
Core	Oral Communication in Context	89	91	90	PASSED
Core	Komunikasyon at Pananaliksik sa Wika at Kulturang Pilipino	91	94	93	PASSED
Core	21st Century Literature from the Philippines and the World	82	87	85	PASSED
Core	Media and Information Literacy	90	93	92	PASSED
Core	General Mathematics	90	90	90	PASSED
Core	Earth and Life Science	82	89	86	PASSED
Core	Personal Development	93	95	94	PASSED
Core	Introduction to the Philosophy of the Human Person	92	92	92	PASSED
Core	Physical Education and Health	83	82	83	PASSED
			General Ave. for the Semester:	89	PASSED

REMARKS :

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

GELLIE ANN C. SAGUN — 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: ACADEMIC TRACK-GENERAL ACADEMIC STRAND SECTION: GAS CANDOR

Indicate if Subject is CORE, APPLIED, or SPECIALIZED	SUBJECTS	Quarter		SEM FINAL GRADE	ACTION TAKEN
		3	4		
Core	Reading and Writing Skills	89	89	89	PASSED
Core	Pagbasa at Pagsusuri ng Iba't Ibang Teksto Tungo sa Pananaliksik	90	92	91	PASSED
Core	Statistics and Probability	77	80	79	PASSED
Core	Physical Science	86	86	86	PASSED
Core	Physical Education and Health	75	75	75	PASSED
Applied	Empowerment Technologies	88	87	88	PASSED
Specialized	Disaster Readiness and Risk Reduction	82	82	82	PASSED
Specialized	Elective(Pre-Calculus)	95	97	96	PASSED
Specialized	Introduction to World Religions and Belief System	95	97	96	PASSED
			General Ave. for the Semester:	87	PASSED

REMARKS :

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

GELLIE ANN C. SAGUN — 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): _____