

REPUBLIC OF THE PHILIPPINES DEPARTMENT OF EDUCATION



SENIOR HIGH SCHOOL STUDENT PERMANENT RECORD LEARNER'S INFORMATION

LAST NAME :	LEYNES FIRST NAME : BEA LAVERNE	MIDD	LE NAME :	CARANE	CARANDANG			
LRN: 11157009	Date of Birth(MM/DD/YYYY) : 01/23/2004 SEX : Fema	ale Date of SHS	Admission(MI	M/DD/YYYY):	10/05/2020			
	ELIGIBILITY FOR SHS ENROLME							
High School Comp	oleter* Gen Ave: Junior High School Completer	Gen Ave :	95					
Date of Graduation/Co	n/Completion(MM/DD/YYYY): Name of School: GOOD SHEPHERD ACADEMY School Address: POBLACION II, VIC							
PEPT Passer** Rating : ALS A&E Passer*** Rating : Others(Pls.Specify):								
Date of Examination/A	ssessment(MM/DD/YYYY): Name and Address of Comr	munity Learning (Center :					
*High School Completers are	students who graduated from secondary school under the old curriulum ****ALS A&E - Alter	native Learning System	n Accreditation and	Equivalency Test for J	HS .			
**PEPT - Philippine Education								
SCHOOL: ORIENTAL	SCHOLASTIC RECORD MINDORO NATIONAL HIGH SCHOOL SCHOOL ID: 301800 GRAD	E LEVEL: 1	1 SY:	2020-2021	Sem: First			
TRACK/STRAND:	ACADEMIC TRACK-SCIENCE, TECHNOLOGY, ENGINEERING AND	SECTION:		EUCLID	11131			
Indicate if Subject is CORE,		Qua	rter	OENA FINIAL	AOTIONI			
APPLIED, or SPECIALIZED	SUBJECTS	1	2	SEM FINAL GRADE	ACTION TAKEN			
	Earth Science			94	PASSED			
Core	Komunikasyon at Pananaliksik sa Wika at Kulturang Pilipino	93 95	95 95	95	PASSED			
Core	Oral Communication in Context	94	94	94	PASSED			
Core	Physical Education and Health	99	98	99	PASSED			
Core	Statistics and Probability	93	93	93	PASSED			
Applied	Practical Research 1	97	97	97	PASSED			
Specialized	General Chemistry 1	91	91	91	PASSED			
Specialized	Pre-Calculus	95	95	95	PASSED			
		1						
		0	for the O-	0.5	DACCED			
REMARKS :		General Ave.	for the Semester	95	PASSED			
Prepared by:	Certified True and Correct:			ate Checked (MM	//DD/YYYY)·			
	RIA F. TOLENTINO JEZA RIA A. DEL FIERRO, N	MDMG - Registra		ate Checked (Will	<i>"DD/1111)</i> ,			
Signature of Ad	lviser Over Printed Name Signature of Authorized Person Over	Printed Name, D	esignation					
REMEDIAL CLASSES	Conducted from(MM/DD/YYYY): to (MM/DD/YYYY):	School:		School ID:				
Indicate if Subject is CORE,		SEM FINAL	REMEDIAL	RECOMPUTED	ACTION			
APPLIED, or SPECIALIZED	SUBJECTS	GRADE	CLASS MARK	FINAL GRADE	TAKEN			
		1						
Name of Teacher/Advi	ser:	Signature:						
SCHOOL ORIENTAL	MINDORO NATIONAL HIGH SCHOOL SCHOOL ID: 301800 GRAD	E LEVEL: 1	1 SY:	2020-2021	Sem: Second			
TRACK/STRAND:		SECTION:		EUCLID	Octili. Occord			
	MATHEMATICS	_						
Indicate if Subject is CORE, APPLIED, or	SUBJECTS	Qua	arter	SEM FINAL	ACTION			
SPECIALIZED	SUBJECTS	3	4	GRADE	TAKEN			
Core	Disaster Readiness and Risk Reduction	97	99	98	PASSED			
Core	Introduction to the Philosophy of the Human Person	94	96	95	PASSED			
Core	Pagbasa at Pagsusuri ng Iba't Ibang Teksto Tungo sa Pananaliksik	95	97	96	PASSED			
Core	Personal Development	96	97	97	PASSED			
Core	Physical Education and Health	97	99	98	PASSED			
Core	Reading and Writing Skills	90	91	91	PASSED			
Applied	Empowerment Technologies	92	98	95	PASSED			
Specialized	Basic Calculus	90	91	91	PASSED			
Specialized	General Chemistry 2	91	93	92	PASSED			
		+						
		+ -		 				
		General Ave.	for the Semester:	95	PASSED			
REMARKS :								
Prepared by:	Certified True and Correct:			ate Checked (MN	//DD/YYYY);			
ANNA MAI	DIA E TOLENTINO	MDMG - Registra	r I					
	RIA F. TOLENTINO JEZA RIA A. DEL FIERRO, N			-				
· ·	dviser Over Printed Name Signature of Authorized Person Over	Printed Name, D	esignation	<u> </u>				
· ·			esignation	School ID:				
REMEDIAL CLASSES	dviser Over Printed Name Signature of Authorized Person Over to (MM/DD/YYYY): to (MM/DD/YYYY):	Printed Name, D	REMEDIAL	RECOMPUTED	ACTION			
REMEDIAL CLASSES	dviser Over Printed Name Signature of Authorized Person Over to (MM/DD/YYYY): to (MM/DD/YYYY):	Printed Name, D			ACTION TAKEN			
REMEDIAL CLASSES Indicate if Subject is CORE, APPLIED, or	dviser Over Printed Name Signature of Authorized Person Over to (MM/DD/YYYY): to (MM/DD/YYYY):	Printed Name, D	REMEDIAL	RECOMPUTED				
REMEDIAL CLASSES	dviser Over Printed Name Signature of Authorized Person Over to (MM/DD/YYYY): to (MM/DD/YYYY):	Printed Name, D	REMEDIAL	RECOMPUTED				
REMEDIAL CLASSES Indicate if Subject is CORE, APPLIED, or	dviser Over Printed Name Signature of Authorized Person Over to (MM/DD/YYYY): to (MM/DD/YYYY):	Printed Name, D	REMEDIAL	RECOMPUTED				

SCHOOL: ORIENTAL	MINDORO NATIONAL HIGH SCHOOL SCHOOL ID: 301800 GRADE	LEVEL:	SY:		Sem:	
TRACK/STRAND:		SECTION:				
Indicate if Subject is CORE, APPLIED, or	CHD IECTO	Qı	uarter	SEM FINAL	ACTION	
SPECIALIZED	SUBJECTS	1	2	GRADE	TAKEN	
DEMARKS.		General Ave	e. for the Semester	7		
REMARKS : Prepared by:	Certified True and Correct:			Date Checked (MI	//DD/VVVV)·	
Frepared by.	JEZA RIA A. DEL FIERRO, M	1DMG - Reai		Pale Checked (Mi	W/DD/1111),	
Signature of Ad	viser Over Printed Name Signature of Authorized Person Over F	Printed Name,				
REMEDIAL CLASSES	Conducted from(MM/DD/YYYY): to (MM/DD/YYYY):	School:		School ID:		
Indicate if Subject is CORE,	OLID IECTO	SEM FINAL	REMEDIAL	RECOMPUTED	ACTION	
APPLIED, or SPECIALIZED	SUBJECTS	GRADE	CLASS MARK	FINAL GRADE	TAKEN	
N (T) (A)		<u> </u>				
Name of Teacher/Advis	ser:	Signature	·			
		E LEVEL:	SY:		Sem:	
TRACK/STRAND:		SECTION: _		· · · · · · · · · · · · · · · · · · ·		
Indicate if Subject is CORE, APPLIED, or SPECIALIZED	SUBJECTS	Q	uarter	SEM FINAL	ACTION	
APPLIED, or SPECIALIZED	00202010	3	4	GRADE	TAKEN	
			_			
		General Av	e. for the Semeste	r.		
REMARKS :		General AV	o. for the Semeste	"		
Prepared by:	Certified True and Correct:			Date Checked (M	M/DD/YYYY);	
	JEZA RIA A. DEL FIERRO, N		istrar I			
ŭ	lviser Over Printed Name Signature of Authorized Person Over I Conducted from(MM/DD/YYYY): to (MM/DD/YYYY):	Printed Name, School:	Designation	School ID		
	O CONGUESTED ITTELLINE TO (INITIALIZED) TTTT).					
Indicate if Subject is CORE, APPLIED, or	SUBJECTS	SEM FINAL GRADE	REMEDIAL CLASS MARK	RECOMPUTED FINAL GRADE	ACTION TAKEN	
SPECIALIZED				1	1	
Name of Teacher/Advi	ser:	Signature	:			
Track/Strand Accompl	ished:	SHS General Average:				
Awards/Honors Recei	Awards/Honors Received: Date of SHS Graduation:					
Ceritfied by:						
	ANTIGUE PhD					
Signature of School He	ead Over Printed Name Date					
	or a photocopy of this permanent record that bears the seal of the school ak of the School Head shall be considered valid for all legal purposes. Any					
erasure or alteration made on	ik of the School Head shall be considered valid for all legal purposes. Any 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.	to another school, the originating school should produce one(1) certified true I for safekeeping. The receiving school shall continue filling up the original					
	school from which the student graduated should keep the original form and					
REMARKS:	Sept to the Stringer Chief.					
Date Issued (MM/DD/YY)	YY):					