

REPUBLIC OF THE PHILIPPINES DEPARTMENT OF EDUCATION

SF 10 / FORM 137 DEPERTMENT OF EDUCATION

SENIOR HIGH SCHOOL STUDENT PERMANENT RECORD

LAST NAME :	LEARNER'S INFORMATION LIBRADA FIRST NAME : EARL JHONN LAUREN	ICE MIDDLE NAME : CANDAVA							
_	0090234 Date of Birth(MM/DD/YYYY): 08/04/2004 SEX: Male		S Admission(MI		10/05/2020				
ERRY: 11107	ELIGIBILITY FOR SHS ENROLMEN		e / tarriissiori(ivii	VI/DD/1111).	10/00/2020				
High School C		Gen Ave :	: 91						
Date of Graduation/Completion(MM/DD/YYYY): 04/03/2020 Name of School: ORIENTAL MINDORO NATIONAL HIGH School Address: SAN VICENTE EAST, CALAPAN CITY									
			_		ALAPAN CITY				
PEPT Passer** Rating : Others(Pls.Specify):									
Date of Examination/Assessment(MM/DD/YYYY):Name and Address of Community Learning Center:									
	· · · · · · · · · · · · · · · · · · ·	ative Learning Syste	em Accreditation and	Equivalency Test for J	HS				
**PEPT - Philippine Edu	ational Placement Test for JHS SCHOLASTIC RECORD								
SCHOOL: ORIEN		LEVEL:	11 SY:	2020-2021	Sem: First				
TRACK/STRAND:	ACADEMIC TRACK-SCIENCE, TECHNOLOGY, ENGINEERING AND	SECTION:		EULER	1 1100				
Indicate if Subject is Co	DE	011	arter						
APPLIED, or SUBJECTS				SEM FINAL GRADE	ACTION TAKEN				
SPECIALIZED		1	2	OTTABL					
Core	Earth Science	88	92	90	PASSED				
Core	Komunikasyon at Pananaliksik sa Wika at Kulturang Pilipino	96	98	97	PASSED				
Core	Oral Communication in Context	90	88	89	PASSED				
Core	Physical Education and Health	83	87	85	PASSED				
Core	Statistics and Probability	94	94	94	PASSED				
Applied	Practical Research 1	90	90	90	PASSED				
Specialized	General Chemistry 1	90	90	90	PASSED				
Specialized	Pre-Calculus	91	95	93	PASSED				
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					B. 25==				
		General Ave	for the Semester:	91	PASSED				
REMARKS:									
Prepared by:	Certified True and Correct:	DMC Dogiotre		ate Checked (MI	M/DD/YYYY);				
	ELLE G. FAJARDO JEZA RIA A. DEL FIERRO, N								
	Adviser Over Printed Name Signature of Authorized Person Over	-	Jesignation	0 1 110					
REMEDIAL CLAS	SES Conducted from(MM/DD/YYYY): to (MM/DD/YYYY):	School:		School ID:					
Indicate if Subject is CO APPLIED, or	RE, SUBJECTS	SEM FINAL	REMEDIAL	RECOMPUTED	ACTION				
SPECIALIZED	30000013	GRADE	CLASS MARK	FINAL GRADE	TAKEN				
Name of Teacher/	dviser:	Signature:	•		•				
0011001 0015	TAL MINIDORO MATIONAL HIGH COLLOCK - COLLOCK ID			2222 2224	0 0 1				
			<u>11 </u>	2020-2021	Sem: Second				
TRACK/STRAND:	ACADEMIC TRACK-SCIENCE, TECHNOLOGY, ENGINEERING AND MATHEMATICS	SECTION:		EULER					
Indicate if Subject is C	DE CONTRACTOR OF THE CONTRACTO	Ou	arter		4.071011				
APPLIÉD, or	SUBJECTS		1	SEM FINAL GRADE	ACTION TAKEN				
SPECIALIZED		3	4	GRADE	TAKEN				
Core	Disaster Readiness and Risk Reduction	88	91	90	PASSED				
Core	Introduction to the Philosophy of the Human Person	93	95	94	PASSED				
Core	Pagbasa at Pagsusuri ng Iba't Ibang Teksto Tungo sa Pananaliksik	93	95	94	PASSED				
Core	Personal Development	89	91	90	PASSED				
Core	Physical Education and Health	91	93	92	PASSED				
Core	Reading and Writing Skills	90	90	90	PASSED				
Applied	Empowerment Technologies	93	95	94	PASSED				
Specialized	Basic Calculus	89	90	90	PASSED				
Specialized	General Chemistry 2	90	91	91	PASSED				
		General Ave.	for the Semester:	92	PASSED				
REMARKS:									
Prepared by:	Certified True and Correct:			ate Checked (MI	M/DD/YYYY);				
	ELLE G. FAJARDO JEZA RIA A. DEL FIERRO, M								
0	f Adviser Over Printed Name Signature of Authorized Person Over	•	Designation						
REMEDIAL CLASSES Conducted from(MM/DD/YYYY):									
Indicate if Subject is Co		SEM FINAL	REMEDIAL	RECOMPUTED	ACTION				
APPLIED, or SPECIALIZED	SUBJECTS	GRADE	CLASS MARK	FINAL GRADE	TAKEN				
	+								
	Adviser:	Signature:	ı	1	ı				

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						
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 Accomplished:			SHS General Average:				
Awards/Honors Recei		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):						