REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF EDUCATION

SF 10 / FORM 137

# SENIOR HIGH SCHOOL STUDENT PERMANENT RECORD

## LEARNER'S INFORMATION

LAST NAME : MARALIT FIRST NAME : DANIELLE MIDDLE NAME : RECTO

LRN : 403545150399 Date of Birth(MM/DD/YYYY) : 09/30/2003 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 : 85

Date of Graduation/Completion(MM/DD/YYYY) : _____ Name of School : Divine Word College of Calapan School Address : Tibag, 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*

***PEPT - Philippine Educational Placement Test for JHS*

****ALS A&E - Alternative Learning System Accreditation and Equivalency 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: PASTRY CHEF

| Indicate if Subject is CORE, APPLIED, or SPECIALIZED | SUBJECTS | Quarter | | SEM FINAL GRADE | ACTION TAKEN |
|---|---|---|---|---|---|
| | | 1 | 2 | | |
| Core | Oral Communication in Context | 84 | 81 | 83 | PASSED |
| Core | Komunikasyon at Pananaliksik sa Wika at Kulturang Pilipino | 85 | 87 | 86 | PASSED |
| Core | General Mathematics | 91 | 92 | 92 | PASSED |
| Core | Personal Development | 88 | 95 | 92 | PASSED |
| Core | Physical Education and Health | 92 | 96 | 94 | PASSED |
| Applied | English for Academic and Professional Purposes | 89 | 92 | 91 | PASSED |
| Applied | Filipino sa Piling Larang (Tech-Voc) | 85 | 98 | 92 | PASSED |
| Specialized | Bread and Pastry Production 1 (NC II) | 90 | 87 | 89 | PASSED |
| Specialized | Food and Beverage Services 1 (NC II) | 80 | 97 | 89 | PASSED |
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| | | | | | |
| | | | General Ave. for the Semester: | 90 | PASSED |

REMARKS : _____

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

MARIA CRISTINA E. MADRIGAL — 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 |
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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: PASTRY CHEF

| Indicate if Subject is CORE, APPLIED, or SPECIALIZED | SUBJECTS | Quarter | | SEM FINAL GRADE | ACTION TAKEN |
|---|---|---|---|---|---|
| | | 3 | 4 | | |
| Core | Reading and Writing Skills | 83 | 87 | 85 | PASSED |
| Core | Pagbasa at Pagsusuri ng Iba't Ibang Teksto Tungo sa Pananaliksik | 82 | 86 | 84 | PASSED |
| Core | Statistics and Probability | 83 | 88 | 86 | PASSED |
| Core | Understanding Culture, Society and Politics | 90 | 88 | 89 | PASSED |
| Core | Physical Education and Health | 90 | 85 | 88 | PASSED |
| Applied | Practical Research 1 | 97 | 97 | 97 | PASSED |
| Specialized | Bread and Pastry Production 2 (NC II) | 80 | 85 | 83 | PASSED |
| Specialized | Food and Beverage Services 2 (NC II) | 80 | 81 | 81 | PASSED |
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| | | | General Ave. for the Semester: | 87 | PASSED |

REMARKS : _____

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

MARIA CRISTINA E. MADRIGAL — 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 |
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Name of Teacher/Adviser: _____ Signature: _____

**SF 10 / FORM 137**

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 |
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| | 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 |
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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 |
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| | 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 |
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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): _____