REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF EDUCATION

SF 10 / FORM 137

SENIOR HIGH SCHOOL STUDENT PERMANENT RECORD

LEARNER'S INFORMATION

LAST NAME : MARASIGAN FIRST NAME : JIMRE MIDDLE NAME : VILLAROSA

LRN : 111546090049 Date of Birth(MM/DD/YYYY) : 07/30/2004 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 : 83

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: SPORTS TRACK SECTION: SPORTS

Indicate if Subject is CORE, APPLIED, or SPECIALIZED	SUBJECTS	Quarter		SEM FINAL GRADE	ACTION TAKEN
		1	2		
Core	Oral Communication in Context	87	89	88	PASSED
Core	Komunikasyon at Pananaliksik sa Wika at Kulturang Pilipino	76	88	82	PASSED
Core	Contemporary Philippine Arts from the Regions	82	85	84	PASSED
Core	Media and Information Literacy	87	89	88	PASSED
Core	General Mathematics	90	91	91	PASSED
Core	Earth and Life Science	90	91	91	PASSED
Core	Introduction to the Philosophy of Human Person	81	92	87	PASSED
Core	Physical Education and Health	91	98	95	PASSED
Core	Understanding Culture, Society and Politics	82	83	83	PASSED
			General Ave. for the Semester:	88	PASSED

REMARKS :

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

MARIA EDITHA A. COMIA — 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: SPORTS TRACK SECTION: SPORTS.

Indicate if Subject is CORE, APPLIED, or SPECIALIZED	SUBJECTS	Quarter		SEM FINAL GRADE	ACTION TAKEN
		3	4		
Core	Reading and Writing Skills	92	91	92	PASSED
Core	Pagbasa at Pagsusuri ng Iba't Ibang Teksto Tungo sa Pananaliksik	90	92	91	PASSED
Core	Statistics and Probability	94	94	94	PASSED
Core	Personal Development	88	94	91	PASSED
Core	Physical Science	90	90	90	PASSED
Core	Physical Education and Health	93	96	95	PASSED
Applied	Practical Research 1	88	92	90	PASSED
Specialized	Safety and First Aid	90	94	92	PASSED
Specialized	Sports Officiating and Activity Management	91	93	92	PASSED
			General Ave. for the Semester:	92	PASSED

REMARKS :

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

MARIA EDITHA A.COMIA — 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:

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
		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): _____