REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF EDUCATION

SF 10 / FORM 137

SENIOR HIGH SCHOOL STUDENT PERMANENT RECORD

LEARNER'S INFORMATION

LAST NAME : QUINZON FIRST NAME : MAY MIDDLE NAME : ASA

LRN : 111568090016 Date of Birth(MM/DD/YYYY) : 05/14/2003 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 : 89

Date of Graduation/Completion(MM/DD/YYYY) : 03/31/2019 Name of School : Holy Infant Academy School Address : 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: ACADEMIC TRACK-ACCOUNTANCY, BUSINESS AND MANAGEMENT STRAND SECTION: MANAGER

Indicate if Subject is CORE, APPLIED, or SPECIALIZED	SUBJECTS	Quarter		SEM FINAL GRADE	ACTION TAKEN
		1	2		
Core	Oral Communication in Context	94	97	96	PASSED
Core	Komunikasyon at Pananaliksik sa Wika at Kulturang Filipino	92	93	93	PASSED
Core	General Mathematics	92	94	93	PASSED
Core	Earth and Life Science	98	98	98	PASSED
Core	Personal Development	93	98	96	PASSED
Core	Understanding Culture, Society and Politics	93	95	94	PASSED
Core	Physical Education & Health	92	96	94	PASSED
Applied	English for Academic and Professional Purposes	93	95	94	PASSED
Applied	Practical Research 1	93	85	89	PASSED
			General Ave. for the Semester:	94	PASSED

REMARKS :

Prepared by: RHODORA ANOUD O. ADARLO — Signature of Adviser Over Printed Name

Certified True and Correct: JEZA RIA A. DEL FIERRO, MDMG - Registrar I — Signature of Authorized Person Over Printed Name, Designation

Date Checked (MM/DD/YYYY);

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-ACCOUNTANCY, BUSINESS AND MANAGEMENT STRAND SECTION: ABM MANAGER

Indicate if Subject is CORE, APPLIED, or SPECIALIZED	SUBJECTS	Quarter		SEM FINAL GRADE	ACTION TAKEN
		3	4		
Core	Reading and Writing Skills	97	99	98	PASSED
Core	Pagbasa at Pagsusuri ng Iba't Ibang Teksto Tungo sa Pananaliksik	95	98	97	PASSED
Core	Statistics and Probability	91	91	91	PASSED
Core	Physical Science	92	92	92	PASSED
Core	Physical Education and Health	95	99	97	PASSED
Applied	Empowerment Technologies	92	93	93	PASSED
Specialized	Organization and Management	93	95	94	PASSED
Specialized	Business Mathematics	94	96	95	PASSED
Specialized	Fundamentals of Accountancy, Business, and Managment 1	93	97	95	PASSED
			General Ave. for the Semester:	95	PASSED

REMARKS :

Prepared by: RHODORA ANOUD O. ADARLO — Signature of Adviser Over Printed Name

Certified True and Correct: JEZA RIA A. DEL FIERRO, MDMG - Registrar I — Signature of Authorized Person Over Printed Name, Designation

Date Checked (MM/DD/YYYY);

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): _____