



SENIOR HIGH SCHOOL STUDENT PERMANENT RECORD

LEARNER'S INFORMATION

LAST NAME : REANO FIRST NAME : BILLY JOE MIDDLE NAME : BUENO
LRN : 111570090374 Date of Birth(MM/DD/YYYY) : 03/17/2004 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 : 91
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 curriculum ***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: ACADEMIC TRACK-ACCOUNTANCY, BUSINESS AND MANAGEMENT STRAND SECTION: ENTREPRENEUR

Indicate if Subject is CORE, APPLIED, or SPECIALIZED	SUBJECTS	Quarter		SEM FINAL GRADE	ACTION TAKEN
		1	2		
Core	Oral Communication in Context	89	90	90	PASSED
Core	Komunikasyon at Pananaliksik sa Wika at Kulturang Filipino	93	95	94	PASSED
Core	General Mathematics	92	93	93	PASSED
Core	Earth and Life Science	94	95	95	PASSED
Core	Personal Development	89	90	90	PASSED
Core	Understanding Culture, Society and Politics	93	94	94	PASSED
Core	Physical Education and Health	89	96	93	PASSED
Applied	English for Academic and Professional Purposes	89	90	90	PASSED
Applied	Practical Research 1	91	98	95	PASSED
General Ave. for the Semester				93	PASSED

REMARKS :
Prepared by: MABHEL B. CATLE Certified True and Correct: JEZA RIA A. DEL FIERRO, MDMG - Registrar I Date Checked (MM/DD/YYYY):
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: ACADEMIC TRACK-ACCOUNTANCY, BUSINESS AND MANAGEMENT STRAND SECTION: ABM ENTREPRENEUR

Indicate if Subject is CORE, APPLIED, or SPECIALIZED	SUBJECTS	Quarter		SEM FINAL GRADE	ACTION TAKEN
		3	4		
Core	Reading and Writing Skills	90	93	92	PASSED
Core	Pagbasa at Pagsusuri ng Iba't Ibang Teksto Tungo sa Pananaliksik	92	94	93	PASSED
Core	Statistics and Probability	91	93	92	PASSED
Core	Physical Science	90	92	91	PASSED
Core	Physical Education and Health	93	96	95	PASSED
Applied	Empowerment Technologies	89	92	91	PASSED
Specialized	Organization and Management	90	92	91	PASSED
Specialized	Business Mathematics	94	95	95	PASSED
Specialized	Fundamentals of Accountancy, Business and Management 1	89	94	92	PASSED
General Ave. for the Semester				92	PASSED

REMARKS :
Prepared by: MABHEL B. CATLE Certified True and Correct: JEZA RIA A. DEL FIERRO, MDMG - Registrar I Date Checked (MM/DD/YYYY):
Signature of Adviser Over Printed Name Signature of Authorized Person Over Printed Name, Designation

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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:

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):

Signature of Adviser Over Printed Name

JEZA RIA A. DEL FIERRO, MDMG - Registrar I

Signature of Authorized Person Over Printed Name, Designation

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Name of Teacher/Adviser:

Signature:

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):

Signature of Adviser Over Printed Name

JEZA RIA A. DEL FIERRO, MDMG - Registrar I

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:

Certified 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):