



SENIOR HIGH SCHOOL STUDENT PERMANENT RECORD

LEARNER'S INFORMATION

LAST NAME : ROCABERTE FIRST NAME : KYLE CEDRIC MIDDLE NAME : VILLALUNA
LRN : 111573090056 Date of Birth(MM/DD/YYYY) : 06/26/2004 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) : _____ Name of School : Divine Word College of Calapan 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 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-HUMANITIES AND SOCIAL SCIENCES SECTION: BRUNER

Indicate if Subject is CORE, APPLIED, or SPECIALIZED	SUBJECTS	Quarter		SEM FINAL GRADE	ACTION TAKEN
		1	2		
Core	Oral Communication in Context	93	93	93	PASSED
Core	Komunikasyon at Pananaliksik sa Wika at Kulturang Pilipino	96	97	97	PASSED
Core	Contemporary Philippine Arts from the Regions	95	95	95	PASSED
Core	General Mathematics	82	92	87	PASSED
Core	Earth and Life Science	92	92	92	PASSED
Core	Understanding Culture, Society and Politics	97	99	98	PASSED
Core	Physical Education and Health	92	90	91	PASSED
Applied	English for Academic and Professional Purposes	94	94	94	PASSED
Applied	Empowerment Technologies	85	86	86	PASSED
General Ave. for the Semester				93	PASSED

REMARKS : _____
Prepared by: MICHAEL P. JAVIER 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-HUMANITIES AND SOCIAL SCIENCES SECTION: BRUNER

Indicate if Subject is CORE, APPLIED, or SPECIALIZED	SUBJECTS	Quarter		SEM FINAL GRADE	ACTION TAKEN
		3	4		
Core	Reading and Writing Skills	83	85	84	PASSED
Core	Pagbasa at Pagsusuri ng Iba't Ibang Teksto Tungo sa Pananaliksik	89	94	92	PASSED
Core	21st Century Literature from the Philippines and the World	85	85	85	PASSED
Core	Statistics and Probability	85	94	90	PASSED
Core	Personal Development	89	93	91	PASSED
Core	Filipino sa Piling Larang	83	84	84	PASSED
Core	Philippine Politics and Governance	94	97	96	PASSED
Core	Discipline and Ideas in Social Sciences	85	85	85	PASSED
Core	Physical Education and Health	94	96	95	PASSED
General Ave. for the Semester				89	PASSED

REMARKS : _____
Prepared by: MICHAEL P. JAVIER 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: _____

Indicate if Subject is CORE, APPLIED, or SPECIALIZED	SUBJECTS	Quarter		SEM FINAL GRADE	ACTION TAKEN
		1	2		
General Ave. for the Semester:					

REMARKS :

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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
		3	4		
General Ave. for the Semester:					

REMARKS :

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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):