

REPUBLIC OF THE PHILIPPINES DEPARTMENT OF EDUCATION



SENIOR HIGH SCHOOL STUDENT PERMANENT RECORD

LAST NAME :	SALVA FIRST NAME :	SALVA FIRST NAME : MARY ANN			MIDDLE NAME : BAJO			
				_				
LRN: 1115800		27/2004 SEX: Female		Admission(MN	W/UU/ffff): _	10/05/2020		
ELIGIBILITY FOR SHS ENROLMENT High School Completer* Gen Ave: 95								
High School Com		or High School Completer		95				
Date of Graduation/Completion(MM/DD/YYYY) : Name of School :CERIA				CO A. ABES MNHS School Address : MAHAL NA PANGALAN, CALAPAN CITY				
PEPT Passer** Rating : ALS A&E Passer*** Rating : Others(Pls.Specify):								
Date of Examination/	Assessment(MM/DD/YYYY): N	ame and Address of Commu	unity Learning C	enter :				
*High School Completers ar	e students who graduated from secondary school under the old cur	riulum ***ALS A&E - Alterna	tive Learning System	Accreditation and	Equivalency Test for JI	1S		
**PEPT - Philippine Educati	nal Placement Test for JHS							
		HOLASTIC RECORD						
	MINDORO NATIONAL HIGH SCHOOL SCHOOL I			SY:		Sem: First		
TRACK/STRAND: ACADEMIC TRACK-SCIENCE, TECHNOLOGY, ENGINEERING AND		SECTION:		EUCLID				
Indicate if Subject is CORE	SUBJECTS		Quar	ter	SEM FINAL	ACTION		
APPLIED, or SPECIALIZED	SUBJECTS	SOBSECTS		1 2		TAKEN		
Core	Earth Science		95	97	96	PASSED		
Core	Komunikasyon at Pananaliksik sa Wika at Kulturang P	96	97	97	PASSED			
Core	Oral Communication in Context	96	96	96	PASSED			
Core	Physical Education and Health		89	94	92	PASSED		
Core	Statistics and Probability		96	96	96	PASSED		
Applied	Practical Research 1	97	97	97	PASSED			
Specialized	General Chemistry 1		93	94	94	PASSED		
Specialized	Pre-Calculus		96	97	97	PASSED		
Spoolalizou				<u>.</u>	<u>, , , , , , , , , , , , , , , , , , , </u>	5525		
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	+							
	+							
	<u> </u>		General Ave. fo	or the Semester:	96	PASSED		
REMARKS :			General Ave. IC	ine Semester.	90	FAGGED		
Prepared by:	Certified True ar	od Correct:			ate Checked (MM	1/DD/VVVV):		
		ZA RIA A. DEL FIERRO, ME	DMG - Registrar		ate Checked (Will	//DD/1111),		
		f Authorized Person Over P						
•	<u>g</u>		School:	3ignation	School ID:			
			JC11001.					
Indicate if Subject is CORE APPLIED, or	SUBJECTS		SEM FINAL		RECOMPUTED	ACTION		
SPECIALIZED	00000		GRADE	CLASS MARK	FINAL GRADE	TAKEN		
Name of Teacher/Ad	riser:		Signature:	_				
COLICOL - ODIENTA	MINIDORO NATIONAL HIGH SCHOOL COLLOCK	D. 204000 CDADE	LEV/EL 44		2020 2024	C C		
	L MINDORO NATIONAL HIGH SCHOOL SCHOOL I		ECTION:	SY:	2020-2021 EUCLID	Sem: Second		
TRACK/STRAND:	ACADEMIC TRACK-SCIENCE, TECHNOLOGY, E MATHEMATICS	NGINEERING AND 3	ECTION:		EUCLID			
Indicate if Subject is COR			Quar	tor	051451111			
APPLIÉD, or	SUBJECTS				SEM FINAL GRADE	ACTION TAKEN		
SPECIALIZED			3	4	ORADE	IAKLIN		
Core	Disaster Readiness and Risk Reduction		98	99	99	PASSED		
Core	Introduction to the Philosophy of the Human Person		96	97	97	PASSED		
Core	Pagbasa at Pagsusuri ng Iba't Ibang Teksto Tungo sa	Pananaliksik	95	98	97	PASSED		
Core	Personal Development		97	98	98	PASSED		
Core	Physical Education and Health		97	98	98	PASSED		
Core	Reading and Writing Skills		93	95	94	PASSED		
Applied	Empowerment Technologies		96	98	97	PASSED		
Specialized	Basic Calculus		90	95	93	PASSED		
Specialized	General Chemistry 2		92	93	93	PASSED		
			j					
			İ					
			General Ave. fo	or the Semester:	96	PASSED		
REMARKS :	REMARKS :				I			
Prepared by:	Certified True ar	nd Correct:		D	ate Checked (MN	N/DD/YYYY);		
ANNA M	ARIA F. TOLENTINO JE	ZA RIA A. DEL FIERRO, MI	DMG - Registrar	<u> </u>				
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			SEM FINAL	REMEDIAL	RECOMPUTED	ACTION		
APPLIED, or SPECIALIZED	SUBJECTS		_	CLASS MARK	FINAL GRADE	TAKEN		
SPECIALIZED								
	 							
	+							
	<u> </u>							
Name of Total Control	<u></u>		0					
Name of Teacher/Ad	dear:		Signature:					

SCHOOL: ORIENTAL	MINDORO NATIONAL HIGH SCHOOL SCHOOL ID: 301800 GRADE	LEVEL:	SY:		Sem:		
TRACK/STRAND:		SECTION:					
Indicate if Subject is CORE, APPLIED, or	CHD IECTO	Qı	uarter	SEM FINAL	ACTION		
SPECIALIZED	SUBJECTS	1	2	GRADE	TAKEN		
DEMARKS.		General Ave	e. for the Semester	7			
REMARKS : Prepared by:	Certified True and Correct:			Date Checked (MI	//DD/VVVV)·		
Frepared by.	JEZA RIA A. DEL FIERRO, M	1DMG - Reai		die Checkeu (Mi	W/DD/1111),		
Signature of Ad	viser Over Printed Name Signature of Authorized Person Over F	Printed Name,					
REMEDIAL CLASSES	Conducted from(MM/DD/YYYY): to (MM/DD/YYYY):	School:		School ID:			
Indicate if Subject is CORE,	OLID IECTO	SEM FINAL	REMEDIAL	RECOMPUTED	ACTION		
APPLIED, or SPECIALIZED	SUBJECTS	GRADE	CLASS MARK	FINAL GRADE	TAKEN		
N (T) (A)		<u> </u>					
Name of Teacher/Advis	ser:	Signature	·				
		E LEVEL:	SY:		Sem:		
TRACK/STRAND:		SECTION: _		· · · · · · · · · · · · · · · · · · ·			
Indicate if Subject is CORE, APPLIED, or SPECIALIZED	SUBJECTS	Q	uarter	SEM FINAL	ACTION		
APPLIED, or SPECIALIZED	00202010	3	4	GRADE	TAKEN		
		General Av	e. for the Semeste	r.			
REMARKS :		General AV	o. for the Semeste	"			
Prepared by:	Certified True and Correct:			Date Checked (M	M/DD/YYYY);		
	JEZA RIA A. DEL FIERRO, N		istrar I				
ŭ	lviser Over Printed Name Signature of Authorized Person Over I Conducted from(MM/DD/YYYY): to (MM/DD/YYYY):	Printed Name, School:	Designation	School ID			
	O CONGUESTED ITTELLINE TO (INITIALIZED) TTTT).						
Indicate if Subject is CORE, APPLIED, or	SUBJECTS	SEM FINAL GRADE	REMEDIAL CLASS MARK	RECOMPUTED FINAL GRADE	ACTION TAKEN		
SPECIALIZED				1	1		
Name of Teacher/Advi	ser:	Signature	:				
Track/Strand Accomplished:			SHS General Average:				
Awards/Honors Recei		Date of SHS Graduation:					
Ceritfied by:							
	ANTIGUE PhD						
Signature of School He	ead Over Printed Name Date						
	or a photocopy of this permanent record that bears the seal of the school ak of the School Head shall be considered valid for all legal purposes. Any						
erasure or alteration made on	ik of the School Head shall be considered valid for all legal purposes. Any this copy should be validated by the School Head. to another school, the originating school should produce one(1) certified true						
copy of this permanent record form.	to another school, the originating school should produce one(1) certified true I for safekeeping. The receiving school shall continue filling up the original						
	school from which the student graduated should keep the original form and						
REMARKS:	Sept to the Stringer Chief.						
Date Issued (MM/DD/YY)	YY):						