



SENIOR HIGH SCHOOL STUDENT PERMANENT RECORD

LEARNER'S INFORMATION

LAST NAME : TOLENTINO FIRST NAME : LM ZYRA ALTHEA MIDDLE NAME : MANALO
LRN : 110414090134 Date of Birth(MM/DD/YYYY) : 03/12/2004 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 : 86
Date of Graduation/Completion(MM/DD/YYYY) : _____ Name of School : Bulalacao National High School School Address : Bulalacao, Oriental Mindoro
☐ 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: PIAGET

Indicate if Subject is CORE, APPLIED, or SPECIALIZED	SUBJECTS	Quarter		SEM FINAL GRADE	ACTION TAKEN
		1	2		
Core	Oral Communication in Context	92	90	91	PASSED
Core	Komunikasyon at Pananaliksik sa Wika at Kulturang Filipino	93	94	94	PASSED
Core	Contemporary Philippine Arts from the Regions	82	84	83	PASSED
Core	General Mathematics	80	90	85	PASSED
Core	Earth and Life Science	81	82	82	PASSED
Core	Understanding Culture, Society and Politics	82	83	83	PASSED
Core	Physical Education and Health	80	88	84	PASSED
Applied	English for Academic and Professional Purposes	87	75	81	PASSED
Applied	Empowerment Technologies	81	89	85	PASSED
General Ave. for the Semester:				85	PASSED

REMARKS : _____
Prepared by: VANESSA A. ILAGAN 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 & SOCIAL SCIENCES SECTION: PIAGET

Indicate if Subject is CORE, APPLIED, or SPECIALIZED	SUBJECTS	Quarter		SEM FINAL GRADE	ACTION TAKEN
		3	4		
Core	Reading and Writing Skills	76	78	77	PASSED
Core	Pagbasa at Pagsusuri ng Iba't Ibang Teksto Tungo sa Pananaliksik	93	93	93	PASSED
Core	21st Century Literature from the Philippines and the World	82	86	84	PASSED
Core	Statistics and Probability	94	85	90	PASSED
Core	Personal Development	94	96	95	PASSED
Core	Physical Education and Health	94	94	94	PASSED
Applied	Filipino sa Piling Larang (Akademik)	90	94	92	PASSED
Specialized	Philippine Politics and Governance	82	82	82	PASSED
Specialized	Discipline and Ideas in Social Sciences	82	82	82	PASSED
General Ave. for the Semester:				88	PASSED

REMARKS : _____
Prepared by: VANESSA A. ILAGAN 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 :

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:

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):