

SCHOLASTIC RECORD													
School: _____	School ID: _____			Region: _____			School: _____			School ID: _____			
District: _____	Division: _____			Region: _____			District: _____			Division: _____	Region: _____		
Classified as Grade: _____ Section: _____			School Year: _____			Classified as Grade: _____ Section: _____			School Year: _____				
Name of Adviser/Teacher: _____			Signature: _____			Name of Adviser/Teacher: _____			Signature: _____				
LEARNING AREAS	Quarterly Rating				Final Rating	Remarks	Learning Areas	Quarterly Rating				Final Rating	Remarks
	1	2	3	4				1	2	3	4		
Filipino							Filipino						
English							English						
Mathematics							Mathematics						
Science							Science						
GMRC (Good Manners and Right Conduct)							GMRC (Good Manners and Right Conduct)						
Araling Panlipunan							Araling Panlipunan						
EPP							TLE						
MAPEH							MAPEH						
Music & Arts							Music & Arts						
Physical Education & Health							Physical Education & Health						
*Arabic Language							*Arabic Language						
*Islamic Values Education							*Islamic Values Education						
General Average							General Average						

School: _____	School ID: _____	School: _____	School ID: _____
District: _____ Division: _____	Region: _____	District: _____ Division: _____	Region: _____
Classified as Grade: _____ Section: _____	School Year: _____	Classified as Grade: _____ Section: _____	School Year: _____
Name of Adviser/Teacher: _____	Signature: _____	Name of Adviser/Teacher: _____	Signature: _____

For Transfer Out /Elementary School Completer Only

CERTIFICATION

I CERTIFY that this is a true record of _____ with LRN _____ and that he/she is eligible for admission to Grade _____.

School Name: _____ **School ID** _____ **Division:** _____ **Last School Year Attended:** _____

Date

Signature of Principal/School Head over Printed Name

(Affix School Seal here)

CERTIFICATION

I CERTIFY that this is a true record of _____ with LRN _____ and that he/she is eligible for admission to Grade _____.

School Name: _____ School ID: _____ Division: _____ Last School Year Attended: _____

Date

Signature of Principal/School Head over Printed Name

(Affix School Seal here)

CERTIFICATION

I CERTIFY that this is a true record of _____ with LRN _____ and that he/she is eligible for admission to Grade _____.

School Name: _____ School ID: _____ Division: _____ Last School Year Attended: _____

Date

Signature of Principal/School Head over Printed Name

(Affix School Seal here)

May add Certification Box if needed

Revised 2025 based on DepEd Order No. 10, s. 2024