



SENIOR HIGH SCHOOL STUDENT PERMANENT RECORD

LEARNER'S INFORMATION

LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____
LRN: _____ Date of Birth (MM/DD/YYYY): _____ Sex: _____ Date of SHS Admission (MM/DD/YYYY): _____

ELIGIBILITY FOR SHS ENROLMENT

☐ High School Completer* Gen. Ave: _____ ☐ Junior High School Completer Gen. Ave: _____
Date of Graduation/Completion (MM/DD/YYYY): _____ Name of School: _____ School Address: _____
☐ 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
**PEPT - Philippine Educational Placement Test for JHS
***ALS A&E - Alternative Learning System Accreditation and Equivalency Test for JHS

SCHOLASTIC RECORD

SCHOOL: _____ SCHOOL ID: _____ GRADE LEVEL: _____ SY: _____ SEM: _____
TRACK/STRAND: _____ SECTION: _____

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

REMARKS: _____
Prepared by: _____ Certified True and Correct: _____ 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: _____ SCHOOL ID: _____ GRADE LEVEL: _____ SY: _____ SEM: _____
TRACK/STRAND: _____ SECTION: _____

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

REMARKS: _____
Prepared by: _____ Certified True and Correct: _____ 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: _____

Page 2

SF10-SHS

SCHOOL: _____ SCHOOL ID: _____ GRADE LEVEL: _____ SY: _____ SEM: _____
TRACK/STRAND: _____ SECTION: _____

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

REMARKS: _____

Prepared by: _____ Certified True and Correct: _____ 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): _____ o (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: _____ SCHOOL ID: _____ GRADE LEVEL: _____ SY: _____ SEM: _____
TRACK/STRAND: _____ SECTION: _____

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

REMARKS: _____

Prepared by: _____ Certified True and Correct: _____ 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): _____ o (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 (MM/DD/YYYY): _____

Certified by: _____ Place School Seal Here: _____

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: (Please indicate the purpose for which this permanent record will be used)

Date Issued (MM/DD/YYYY): _____

ANNEX: LIST OF SUBJECTS TAKEN

Please check the subjects passed by the student

CORE SUBJECTS

<input type="checkbox"/>	Oral Communication
<input type="checkbox"/>	Reading and Writing
<input type="checkbox"/>	Komunikasyon at Pananaliksik sa Wika at Kulturang Pilipino
<input type="checkbox"/>	Pagbasa at Pagsusuri ng Iba't Ibang Teksto Tungo sa Pananaliksik
<input type="checkbox"/>	21st Century Literature from the Philippines and the World
<input type="checkbox"/>	Contemporary Philippine Arts from the Regions
<input type="checkbox"/>	Media and Information Literacy
<input type="checkbox"/>	General Mathematics
<input type="checkbox"/>	Statistics and Probability
<input type="checkbox"/>	Earth and Life Science*
<input type="checkbox"/>	Physical Science*
<input type="checkbox"/>	Personal Development/Pansariling Kaunlaran
<input type="checkbox"/>	Understanding Culture, Society and Politics
<input type="checkbox"/>	Introduction to the Philosophy of the Human Person/Pambungad sa Pilosopiya ng Tao
<input type="checkbox"/>	Physical Education and Health (spread out in 4 semesters)

*STEM students will take these instead:

<input type="checkbox"/>	Earth Science
<input type="checkbox"/>	Disaster Readiness and Risk Reduction

Subject substitutions, if any:

<input type="checkbox"/>	
<input type="checkbox"/>	

APPLIED SUBJECTS

<input type="checkbox"/>	English for Academic and Professional Purposes
<input type="checkbox"/>	Practical Research 1
<input type="checkbox"/>	Practical Research 2
<input type="checkbox"/>	Filipino sa Piling Larang
<input type="checkbox"/>	Empowerment Technologies
<input type="checkbox"/>	Entrepreneurship
<input type="checkbox"/>	Inquiries, Investigations and Immersion

SPECIALIZED SUBJECTS (Please write the list of subjects below)

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

OTHER SUBJECTS (Please write the list of subjects below)

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	