



SENIOR HIGH SCHOOL STUDENT PERMANENT RECORD

LEARNER'S INFORMATION

LAST NAME: **ASPIRAS**

FIRST NAME: **PATTY**

MIDDLE NAME:

LRN: **02-1818-01509**

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: ☐ PEPT Passer** Rating: ☐ ALS A&E Passer*** Rating: ☐ Others (Pls. Specify):

Date of Graduation/Completion (MM/DD/YYYY): Name of School: School Address:

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
		87	90		
Core	Physical Science*			89	PASSED
General Ave. for the Semester:				89	PASSED

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:

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 NameSignature of Authorized Person over Printed Name, Designation

REMEDIAL CLASSESConducted 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 NameSignature of Authorized Person over Printed Name, Designation

REMEDIAL CLASSESConducted 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 NameDate

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

- ☐
- Oral Communication

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*STEM students will take these instead:

- ☐
- Earth Science

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Subject substitutions, if any:

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APPLIED SUBJECTS

- ☐
- English for Academic and Professional Purposes

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SPECIALIZED SUBJECTS (Please write the list of subjects below)

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OTHER SUBJECTS (Please write the list of subjects below)

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