

# SENIOR HIGH SCHOOL STUDENT PERMANENT RECORD

## LEARNER'S INFORMATION

LAST NAME	TESARA	FIRST NAME	JUSTINE	MIDDLE NAME	RIOSIA
LRN	135430125517	Date of Birth (MM/DD/YYYY)	09/07/2002	Sex	MALE
				Date of DHS Admission (MM/DD/YYYY)	

### ELIGIBILITY FOR EMS ENROLLMENT

☒ High School Completer\* Gen. Ave. \_\_\_\_\_ / ☐ Junior High School Completer Gen. Ave. ☒ \_\_\_\_\_  
 Date of Graduation/Completion (MM/DD/YYYY) \_\_\_\_\_ Name of School LIBON AGRO INDUSTRIAL HIGH SCHOOL School Address: LIBON, ALBAY  
☐ 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

<sup>22</sup> ALB ALE - Alternative Learning System Accreditation and Equivalency Test for JHS

### SCHOLASTIC RECORD

SCHOOL: POLANGU GENERAL COMPREHENSIVE HIGH SCHOOL SCHOOL ID: 301803 GRADE LEVEL: 11 SY: 2019-2020 SEM: 1ST  
TRACK/STRAND: TVL / ICT SECTION: ICT (CSS - GATES)

[illegible]

## REMARKS:

REMEDIAL CLASSES Conducted from (MM/DD/YYYY): to (MM/DD/YYYY): SCHOOL: SCHOOL ID:

REMEDIAL CLASSES		SCHOOL		ACTION		
Indicate if Subject is CORE, APPLIED, or SPECIALIZED		SUBJECTS	SEM FINAL GRADE	REMEDIAL CLASS MARK	RECOMPUTED FINAL GRADE	ACTION TAKEN

Name of Teacher/Advisor

Signature \_\_\_\_\_

SCHOOL: POLANGU GENERAL COMPREHENSIVE HIGH SCHOOL SCHOOL ID: 301865 GRADE LEVEL: 11 SY: 2019-2020 SEM: 2ND  
 TRACK/STRAND: TVL / ICT SECTION: ICT (CSS - GATES)

[illegible]

## REMARKS:

REMEDIAL CLASSES Conducted from (MM/DD/YYYY): to (MM/DD/YYYY): SCHOOL: SCHOOL ID:

[illegible]

Name of Teacher/Advisor \_\_\_\_\_

Signature \_\_\_\_\_



[illegible]

REMEDIAL CLASSES Conducted from (MM/DD/YYYY): (MM/DD/YYYY): SCHOOL: SCHOOL ID:

Name of Teacher/Signer \_\_\_\_\_ Signature \_\_\_\_\_

[illegible]

REMEMBERAL CLASSES Conducted from (MM/DD/YYYY): (MM/DD/YYYY): SCHOOL: SCHOOL ID:

Name of Teacher/Advisor \_\_\_\_\_ Signature \_\_\_\_\_

\_\_\_\_\_  
MARIA RIZA R. MORILLO  
Principal I

\_\_\_\_\_  
LOURDES RUBIGCAS, Ph.D.  
Principal IV

This permanent record or 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 encure 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 subsigning. 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.

Date Issued (MM/DD/YYYY): 11/11/2024