



Learner Permanent Record for Elementary School (SF10-ES)

(Formerly Form 137)

LEARNER'S PERSONAL INFORMATION

 LAST NAME: DELA CRUZ FIRST NAME: JEANHEL ANN NAME EXTN. (Jr,I,II) _____ MIDDLE NAME: LUMABAD

 Learner Reference Number (LRN): 108420190041 Birthdate (mm/dd/yyyy): 01/31/2014 Sex: FEMALE

ELIGIBILITY FOR ELEMENTARY SCHOOL ENROLMENT

 Credential Presented for Grade 1: ☒ Kinder Progress Report ☒ ECCD Checklist ☐ Kindergarten Certificate of Completion

 Name of School: CUYAB ELEMENTARY SCHOOL School ID: 108420 Address of School: QUEZON ST., CUYAB, SAN PEDRO CITY, LAGUNA

Other Credential Presented

PEPT Passer Rating: _____ Date of Examination/Assessment (mm/dd/yyyy): _____ Others (Pls. Specify): _____

Name and Address of Testing Center: _____ Remark: _____

SCHOLASTIC RECORD

 School: CUYAB ELEMENTARY SCHOOL School ID: 108420

 District: SAN PEDRO Division: LAGUNA Region: IV-A

 Classified as Grade: ONE Section: JASMINE School Year: 2020-2021

 Name of Adviser/Teacher: GINALYN P. MASIKAT Signature: _____

LEARNING AREAS	Quarterly Rating				Final Rating	Remarks
	1	2	3	4		
Mother Tongue	70	60				
Filipino		60				
English						
Mathematics	70	60				
Science						
Araling Panlipunan	70	60				
EPP / TLE						
MAPEH	70	60				
Music	70	60				
Arts	70	60				
Physical Education	70	60				
Health	70	60				
Eduk. sa Pagpapakatao	70	60				
*Arabic Language						
*Islamic Values Education						
General Average						

Remedial Classes	Conducted from: _____ to _____			
Learning Areas	Final Rating	Remedial Class Mark	Recomputed Final Grade	Remarks

School: _____ School ID: _____

District: _____ Division: _____ Region: _____

Classified as Grade: _____ Section: _____ School Year: _____

Name of Adviser/Teacher: _____ Signature: _____

Learning Areas	Quarterly Rating				Final Rating	Remarks
	1	2	3	4		
Mother Tongue						
Filipino						
English						
Mathematics						
Science						
Araling Panlipunan						
EPP / TLE						
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District: _____ Division: _____ Region: _____

Classified as Grade: _____ Section: _____ School Year: _____

Name of Adviser/Teacher: _____ Signature: _____

Learning Areas	Quarterly Rating				Final Rating	Remarks
	1	2	3	4		
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English						
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Name of Adviser/Teacher: _____ Signature: _____

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Learning Areas	Final Rating	Remedial Class Mark	Recomputed Final Grade	Remarks	

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Learning Areas	Final Rating	Remedial Class Mark	Recomputed Final Grade	Remarks

For Transfer Out /Elementary School Completer Only

CERTIFICATION

I CERTIFY that this is a true record of DELA CRUZ, JEANHEL ANN L. with LRN 108420190041 and that he/she is eligible for admission to Grade ONE.
 School Name: CUYAB ELEMENTARY SCHOOL School ID 108420 Division: LAGUNA Last School Year Attended: 2020-2021

EMELINDA O. AMIL

Date

Name 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

Name of Principal/School Head over Printed Name

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

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May add Certification Box if needed

SFRT Revised 2017