



Department of Education
Region VI – Western Visayas

Division of Capiz
PONTEVEDRA NATIONAL HIGH SCHOOL
Pontevedra, Capiz
Telefax (036) 6340-343

SECONDARY STUDENT' PERMANENT RECORD

Name: _____ Date of Birth: Year _____ Month _____ Day _____
Place of Birth: Province _____ Municipality _____ Barrio _____
Parents/Guardian _____ Occupation _____
Address of Parents/Guardian _____
Junior/Senior High School Attended _____ School Year _____ Gen. Average _____
Total Number of Years in School to Complete Junior/Senior High School _____

Strand/Course: _____
Curriculum Year _____ School _____
Adviser _____ School Year _____ Semester _____

SUBJECTS	GRADING PERIOD		FINAL RATING	ACTION TAKEN
	First (Midterm)	Second (Finals)		
Core Subjects				
Applied Subjects				

Attendance Report

	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	Total
Days of School	14	20	23	21	15	21	15	22	20	23	8	202
Days Present												
Days Tardy												

Has advanced units in _____ Lacks units in _____
Total number of years in school _____ Classified as _____

Strand/Course: _____
Curriculum Year _____ School _____
Adviser _____ School Year _____ Semester _____

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