



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: _____
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
Core	Physical Science*	87	90	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 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

- ☐
- Oral Communication

☐☐☐☐☐☐☐☐☐

/

☐☐☐☐☐

*STEM students will take these instead:

- ☐
- Earth Science

☐

Subject substitutions, if any:

☐

☐

APPLIED SUBJECTS

- ☐
- English for Academic and Professional Purposes

☐☐☐☐☐☐

SPECIALIZED SUBJECTS (Please write the list of subjects below)

☐

☐

☐

☐

☐

☐

☐

☐

☐

☐

OTHER SUBJECTS (Please write the list of subjects below)

☐

☐

☐