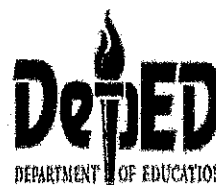


Republic of the Philippines
Department of Education
 Region VII, Central Visayas
DIVISION OF CEBU PROVINCE
 IPHO Bldg., Sudlon, Lahug, Cebu City



January 15, 2018

DIVISION MEMORANDUM

No. 041, s. 2018

ANNOUNCING THE SCHEDULE OF CHECKING OF FORM 9 FOR SENIOR HIGH SCHOOL (SHS) CANDIDATES FOR GRADUATION AND THE REQUIRED SUPPORTING DOCUMENTS

TO : Assistant Superintendents
 Chief Education Program Supervisors
 Education Program Supervisors/Coordinators
 District Supervisors/OICs/SEPS/EPS II
 Public and Private Secondary School Principals

1. This Office announces the schedule of division checking of Form 9 for the Senior High School (SHS) candidates of graduation on the following schedules and venue, to wit:

No.	Area	Schedule	Venue
1	Northeast Area (Public)	February 5, 2018	Ecotech Center, Cebu City
2	Northwest Area (Public)	February 6, 2018	Ecotech Center, Cebu City
3	Southeast Area (Public)	February 7, 2018	Ecotech Center, Cebu City
4	Southwest Area (Public)	February 8, 2018	Ecotech Center, Cebu City
5	All Private Schools (SHS)	February 9, 2018	Ecotech Center, Cebu City

2. All SHS Form 9 and supporting documents shall be pre-checked in the district level by a committee composed of the following:

Chairman : *District Supervisor*
Members : *Public Secondary School Principal*
SHS Registrar or Guidance Counselor

The Division Checking and Review Committee will be composed of All Division Supervisors and selected members of the Senior High School (SHS) Technical Working Group

3. The District SHS Checking Committee shall ensure that all Form 9 and supporting documents are properly checked before the conduct of the Division Checking. No SHS Form 9 will be accepted for review in the division level without certification and proper endorsement from the District Checking Committee. All corrections made by the District Checking Committee must be incorporated first in the final copy before it will be submitted for review and approval of the Division Panel.

4. The following documents shall be checked by the District Checking Committee, to wit:

- a. Certification and endorsement from the District Checking Committee;
- b. Authority to Open and Offer Track, Strand and Specialization
- c. Senior High School (SHS) Form 9 (Original Copy);
- d. School Form 1, School Form 2, School Form 4, School Form 5A, School Form 5B, School Form 6, School Form 7, School Form 10 (Form 137A);
- e. Print-out of the eTool Program (including School Program, Class Program, Teacher's Load)
- f. Work Immersion Package (Approved MOA, List of SHS Students per Immersion Partner, List of Tasks/Activities completely signed by all parties, Immersion Schedule, Work Immersion Monitoring and Evaluation Tool);
- g. Authority to Overload/Cross Enroll/Take Summer Classes (if applicable);
- h. NSO Certificate

5. In addition to the above requirements, private schools shall attach the following documents, to wit:

- a. Prescribed Cover Application Letter
- b. Government Provisionary Permit to Operate SHS
- c. Accomplished Special Order for Graduation
- d. List of Names of All Student-Recipients of Diplomas

All attachments for private schools shall be duly authenticated and certified by the school's authorized officer.

6. District checking schedule and venue shall be agreed upon and announced by the District Checking Committee.

7. For purposes of discussing further the mechanics of the SHS Form 9 Checking, a Division Conference of all District Supervisors, Private and Public Secondary School Heads and Registrars/Guidance Counsellors will be conducted on January 22, 2018 from 8:00 o'clock in the morning at Ecotech Pavilion, Lahug, Cebu City. A registration fee of P 500. 00 shall be collected to defray expenses for two (2) snacks, one (1) lunch and venue rental, chargeable against local MOOE funds and private school funds for the private schools.

8. Travelling, board and lodging of the Division Checkers, venue rental and other incidental expenses are chargeable against Division MOOE funds, while travelling, per diem and other expenses of the school representatives shall be chargeable against local/school MOOE funds, subject to the usual accounting and auditing rules and regulations.

9. This Memorandum shall serve as Travel Authority of all who will be involved in the checking of the Senior High School Form 9.

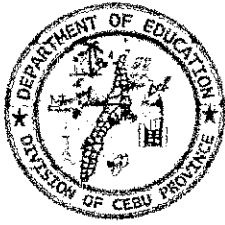
10. Immediate and wide dissemination of and strict compliance with this Memorandum is directed.


RHEA MAR A. ANGTUD, Ed.D., CESO VI
Schools Division Superintendent

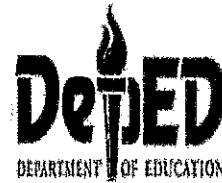
Telephone Numbers:

Schools Division Superintendent:	(032) 255-6405
Asst. Schools Division Superintendent:	(032) 414-7457
Accounting Section:	(032) 254-2632
Disbursing Section:	(032) 255-4401
Administrative Section:	(032) 255-7947

Website : www.depedcebuprovince.com
E-mail Add: depedcebuprovince@yahoo.com

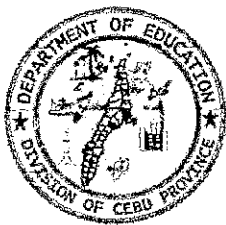


Republic of the Philippines
Department of Education
Region VII, Central Visayas
DIVISION OF CEBU PROVINCE
IPHO Bldg., Sudlon, Lahug, Cebu City

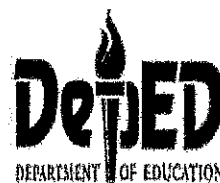


DIVISION CHECKING AND REVIEW COMMITTEE

Education Program Supervisors	SHS Technical Working Group (TWG)
ISAIASH T. WAGAS	ARLENE D. BUOT
MARIA ELENA T. PARAS	MARIVIC M. YBALLE
CORAZON A. PUMAR	CANDIDA C. PURGATORIO
PAMELA A. RODEMIO	MELVELLE DELA PENNA
ROSEMARY N. OLIVERIO	ELISA M. ESCUTIN
JUVIMAR E. MONTOLO	CHONA B. JUMAO-AS
JANE O. GURREA	REYNALDO DELA RAMA
NENITA G. JARALVE	EMILIA S. IBONES
EVELYN F. BALANG	CHANEY GULFAN
GERARDO S. MANTOS	MARYLUZ T. ALISER
ARACELI C. CABAHO	MA. SOCORRO N. RELACION
Supervising Officers	
Dr. Mary Ann P. Flores, CID Chief EPS	Dr. Novie O. Mangubat, SGOD Chief EPS
Staff	
Hermogina Miranda Norman O. Blanco Hazel Commendador	



Republic of the Philippines
Department of Education
 Region VII, Central Visayas
DIVISION OF CEBU PROVINCE
 IPHO Bldg., Sudlon, Lahug, Cebu City



CERTIFICATION

This is to certify that the District Checking Committee for Senior High School (SHS) Form 9 has checked, verified and validated all supporting documents of _____ of _____ and are found to be true, authentic and in order as inspected.

Issued this _____ day of January 2018 in the municipality of _____, Cebu, Philippines.

 PSDS – Chairman

 Member

 Member

-----oOo-----

DIVISION CHECKING AND REVIEW COMMITTEE

- OK as to Authority to Open and Offer SHS and Teachers Qualification
- OK as to Compliance of the Subject Sequence, Combination and Required # of Hours
- OK as to Immersion Requirement
- OK as to Other Supporting Documents
- OK as to Permit to Operate
- Lacks in _____

Reviewed by:

 Cluster Chairman

 Member

 Member

Note: This certification shall be printed at the back of the form 9 of every student.

LRN	NAME (Last Name, First Name, Name Extension, Middle Name)	LRN TYPE	BIRTHDATE (mm/dd/yyyy)	AGE	Religious Affiliation	COMPLETE ADDRESS				PARENTS		GUARDIAN (If learner is not living with parent)		Contact Number of Parent/Guardian	REMARKS (Please refer to the legend)
						House No./Street/Other Point	Barangay	Municipality/City	Province	Father's Name (Last Name, First Name, Name Extension, Middle Name)	Mother's Maiden Name (Last Name, First Name, Name Extension, Middle Name)	Name (Last Name, First Name, Name Extension, Middle Name)	Relationship		
14															
15															
16															
17															
18															
19															
20															
21															
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31															
32															
33															
34															
35															
36															
37															
38															
39															
40															
TOTAL FEMALE															
COMBINED															

Legend: List and Code of indicators under REMARKS column

Indicator	Code	Required Information	Indicator	Code	Required Information	REGISTERED	Beginning of the Semester	End of the Semester
Transferred Out	THO	Name of School, Date of 1st Attendance and Date of Last Attendance if Transferred Out	CCT Recipient	CCT	CCT Contribution number & Effectivity Date	MALE		
Transferred In	TI		Balik Aral	BIA	Name of school last attended & Year	FEMALE		
			Learner With Exceptionality Accelerated	LWE ACL	Specify Exceptionality of the Learner Specify Level & Effectivity Date	TOTAL		

Prepared By:

Signature of Advisor over Printed Name

Beginning of the Semester Date:

End of the Semester Date:

No.	NAME (Last Name, First Name, Name Extension, Middle Name)	DATE														Total for the Month		REMARKS <small>1. If No Longer in School (NLS), Add reason, place date on top of column 2 & RECORDED & NOTED with the name of teacher, if it is not the teacher, with the name of the person who received the student's work</small>											
		M	T	W	TH	F	S	M	T	W	TH	F	S	M	T	W	TH		F	S	ABSENT	TARDY							
16.																													
17.																													
18.																													
19.																													
20.																													
21.																													
22.																													
23.																													
24.																													
25.																													
26.																													
27.																													
**= FEMALE TOTAL Per Day **																													
Combined TOTAL Per Day																													

GUIDELINES:

- The attendance shall be accomplished daily. Refer to the codes for checking learners' attendance
- To compute the following:

a. Percentage of Enrolment = $\frac{\text{Registered Learners as of end of the month}}{\text{Enrolment as of 1st Friday of the school year}} \times 100$

b. Average Daily Attendance = $\frac{\text{Total Daily Attendance}}{\text{Number of School Days in reporting month}}$

c. Percentage of Attendance for the month = $\frac{\text{Average daily attendance}}{\text{Registered Learners as of end of the month}} \times 100$
- Every end of the month, the Class Adviser will submit this form to the Office of the Principal for recording of summary table into School Form 4. Once signed by the School Head, this form should be returned to the Class Adviser.
- The Class Adviser will provide necessary interventions including but not limited to home visitation to learners who were absent for 5 consecutive days and/or those at risk of dropping out.
- Attendance performance of learners will be reflected in the SFS-SHS of every grading period.

- 1. CODES FOR CHECKING ATTENDANCE**
(blank) - Present; (a) - Absent; Tardy shall shaded * Upper for Late Caller, Lower for Ousting Classes)
- 2. REASONS/CAUSES FOR NO LONGER IN SCHOOL (NLS)**
- a. Domestic-Related Factors
 - a.1. Not to take care of siblings
 - a.2. Early marriage/pregnancy
 - a.3. Parents' attitude toward schooling
 - a.4. Family problems
 - b. Individual-Related Factors
 - b.1. Illness
 - b.2. Overage
 - b.3. Drug Abuse
 - b.4. Lack of Academic Performance
 - b.5. Lack of Interest/Distractions
 - b.6. Hunger/malnutrition
 - c. School-Related Factors
 - c.1. Teacher Factor
 - c.2. Physical Condition of Classroom
 - c.3. Peer Influence
 - d. Geographic/Environmental
 - d.1. Distance between home and school
 - d.2. Armed conflict (past, total wars & civil unrest)
 - d.3. Cholera/Ser/Diseases
 - e. Financial-Related
 - e.1. Child labor, work
 - f. Others (Specify)
 - f.1. Death
 - f.2. Transferred to School Abroad
 - f.3. Transferred to International School
 - f.4. Transferred to ALS

Month:	No. of Days of Classes	Summary		
		M	F	TOTAL
* (shaded) up to 5 days of the month)				
1. Transfer Out (overage/overage)				
2. Transfer In (overage/overage)				
3. Transfer Out (overage/overage)				
4. Transfer Out (overage/overage)				
5. Transfer Out (overage/overage)				
6. Transfer Out (overage/overage)				
7. Transfer Out (overage/overage)				
8. Transfer Out (overage/overage)				
9. Transfer Out (overage/overage)				
10. Transfer Out (overage/overage)				
11. Transfer Out (overage/overage)				
12. Transfer Out (overage/overage)				
13. Transfer Out (overage/overage)				
14. Transfer Out (overage/overage)				
15. Transfer Out (overage/overage)				
16. Transfer Out (overage/overage)				
17. Transfer Out (overage/overage)				
18. Transfer Out (overage/overage)				
19. Transfer Out (overage/overage)				
20. Transfer Out (overage/overage)				
21. Transfer Out (overage/overage)				
22. Transfer Out (overage/overage)				
23. Transfer Out (overage/overage)				
24. Transfer Out (overage/overage)				
25. Transfer Out (overage/overage)				
26. Transfer Out (overage/overage)				
27. Transfer Out (overage/overage)				

I certify that this report is true and correct:

Signature of Class Adviser over Printed Name

Attested By:

Signature of School Head over Printed Name



School Form 4 Monthly Learners' Movement and Attendance for Senior High School (SF4-SHS)



School Name _____ District _____ Division _____ Region _____
School ID _____ Semester _____ School Year _____

TRACK	STRAND	REGISTERED LEARNERS (As of End of the Month)	ATTENDANCE		DROPPED OUT			TRANSFERRED OUT			TRANSFERRED IN			SHIFTED OUT			SHIFTED IN								
			Daily Average	% for the Month	(A) Cumulative Number as of Previous Month	(B) Total for the Month	(A+B) Cumulative Number as of End of the Month	(A) Cumulative Number as of Previous Month	(B) Total for the Month	(A+B) Cumulative Number as of End of the Month	(A) Cumulative Number as of Previous Month	(B) Total for the Month	(A+B) Cumulative Number as of End of the Month	(A) Cumulative Number as of Previous Month	(B) Total for the Month	(A+B) Cumulative Number as of End of the Month	(A) Cumulative Number as of Previous Month	(B) Total for the Month	(A+B) Cumulative Number as of End of the Month						
			M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F
TOTAL FOR GRADE 11																									
TOTAL FOR GRADE 12																									
GRAND TOTAL																									

Prepared and Submitted By:

Signature of School Head over Printed Name

No.	LRN	LEARNER'S NAME (Last Name, First Name, Name Extension, Middle Name)	BACK SUBJECT/S List down subjects where learner obtained a rating below 75%	END OF SEMESTER STATUS (Complete/Incomplete)	END OF SCHOOL YEAR STATUS (Regular/Irregular)

Prepared By: _____
Signature of Class Adviser over Printed Name

Certified Correct By: _____
Signature of School Head over Printed Name

Reviewed By: _____
Signature of Division Representative over Printed Name

GUIDELINES:
This form shall be accomplished after each semester in a school year, leaving the End of School Year Status Column and Summary Table for End of School Year Status blank/unfilled at the end of the 1st Semester. These data elements shall be filled up only after the 2nd semester or at the end of the School Year.

INDICATORS:
End of Semester Status
Complete - number of learners who completed/satisfied the requirements in all subject areas (with grade of at least 75%)
Incomplete - number of learners who did not meet expectations in one or more subject areas, regardless of number of subjects failed (with grade less than 75%)
Note: Do not include learners who are No Longer in School (NLS)

End of School Year Status
Regular - number of learners who completed/satisfied requirements in all subject areas both in the 1st and 2nd semester
Irregular - number of learners who were not able to satisfy/complete requirements in one or both semesters



School Form 5B List of Learners with Complete SHS Requirements (SF5B-SHS)



School Name School ID District Division
 Semester School Year Section Region
 Track and Strand Course/s (only for TVL)

No.	LRN	LEARNER'S FULL NAME (Last Name, First Name, Name Extension, Middle Name)	Completed SHS in 2 SYs? (WIN)	National Certification Level Attained (only if applicable)
	MALE			

STATUS	MALE	FEMALE	TOTAL
Learners who completed SHS Program within 2 SYs or 4 semesters			
Learners who completed SHS Program in more than 2 SYs or 4 semesters			
TOTAL			

STATUS	MALE	FEMALE	TOTAL
NC III			
NC II			
NC I			
TOTAL			

Note: NCs are recorded here for documentation but is not a requirement for graduation.

No.	LRN	LEARNER'S FULL NAME (Last Name, First Name, Name Extension, Middle Name)	Completed SHS In 2 Sys? (Y/N)	National Certification Level Attained (only if applicable)

FEMALE

GUIDELINES:

1. This form should be accomplished by the Class Adviser at End of School Year.
2. It should be compiled and checked by the School Head and passed to the Division Office before graduation.

Reviewed By:

Signature of Class Adviser over Printed Name

Certified Correct & Submitted By:

Signature of School Head over Printed Name

Reviewed By:

Signature of Division Representative over Printed Name



School Form 6 Summarized Report of Learner Status as of End of Semester and School Year for Senior High School (SF6-SHS)



School Name School ID District Division Region
 Semester School Year

GRADE LEVEL	END OF SEMESTER STATUS									END OF SCHOOL YEAR <small>(Fill up only at the end of the second semester.)</small>								
	COMPLETE			INCOMPLETE			TOTAL			REGULAR			IRREGULAR			TOTAL		
	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL
GRADE 11	TRACK/STRAND/COURSE																	
SUB TOTAL																		
GRADE 12	TRACK/STRAND/COURSE																	
SUB TOTAL																		
TOTAL																		

Prepared and Submitted By: _____ Signature of School Head over Printed Name
 Reviewed & Validated By: _____ Signature of Division Representative over Printed Name
 Noted By: _____ Signature of Division Superintendent over Printed Name

GUIDELINES:

1. After receiving and validating the report on Status of Learners submitted by the Class Adviser, the School Head shall compute the grade level total per track/strand/course and school total.
2. This report shall be forwarded to the Division Office by the end of the semester.
3. Column for End of School Year shall be accomplished at the end of SY or every after the 2nd semester
4. Protocols of validation & submission are under the discretion of the Schools Division Superintendent.

Employee No. (or Tax Identification Number - T.I.N.)	Name of School Personnel (Arrange by Position, Descending)	Sex	Fund Source	Position/ Designation	Nature of Appointment/ Employment Status (Regular/ Probationary/ Part Time)	EDUCATIONAL QUALIFICATION			Subjects Taught, Advisory Class & Other Ancillary Assignments	Grade and Sections (Enumerate sections taught)	Daily Program (time duration)				Remarks: *For Detailed Items, Indicate name of school/office, *For IP - Ethnicity) *For additional loads from JHS- please indicate the number of teaching minutes per week)
						Degree/ Postgraduate	Major/ Specialization/ Specialized Training Attended	Minor			DAY (M/T/W/Th/F)	From (00:00)	To (00:00)	Total Actual Teaching Minutes per Week	

GUIDELINES:

1. This form shall be accomplished at the beginning of each semester by the School Head and is submitted to the Division Office. In case of movement of teachers and other personnel during the semester, an updated SHSF-7 must be submitted to the Division Office at the end of the semester.
2. All school personnel, regardless of position/nature of appointment should be included in this form and should be listed from the highest rank to the lowest.
3. Please reflect subjects being taught including advisory class or ancillary assignment (if any). Other administrative duties must also be reported.
4. Daily Program Column is for teaching personnel only.

Signature of School Head over Printed Name

Updated as of: _____



DEPARTMENT OF EDUCATION
Region VII, Central Visayas
DIVISION OF CEBU PROVINCE
CORDOVA NATIONAL HIGH SCHOOL
Day-as, Cordova, Cebu



SENIOR HIGH SCHOOL (SHS) STUDENT'S EVALUATION SHEET (FORM 9)

LRN #: _____
 Name: _____ Date of Birth: _____ Month: _____ Day: _____ Sex: _____
 Place of Birth: Province _____ Town: _____ Barrio: _____
 Parent/Guardian: _____ Occupation: _____
 Address of Parent/Guardian: _____
 Elementary School Completed: _____ School Year: _____
 Address of Elementary School: _____ General Average: _____
 Junior High School Completed (School): _____ School Year: _____
 Address of Junior High School: _____ General Average: _____
 Total Number of Years in School to Date: _____
 Track: _____

GRADE ELEVEN (First Semester) School Year: _____
 Name of School: _____
 Address of School: _____

CODE	SUBJECTS	Final Grade	No. of Hours	Action Taken
				Passed
				Passed
				Passed
				Passed
				Passed
				Passed
				Passed
				Passed
				Passed
				Passed

Total Days of School: _____ Total Days Present: _____
 Total Number of Years in School to Date: _____

GRADE ELEVEN (Second Semester) School Year: _____
 Name of School: _____
 Address of School: _____

CODE	SUBJECTS	Final Grade	No. of Hours	Action Taken
				Passed
				Passed
				Passed
				Passed
				Passed
				Passed
				Passed
				Passed
				Passed
				Passed

Total Days of School: _____ Total Days Present: _____

GRADE TWELVE (First Semester) School Year: _____
 Name of School: _____
 Address of School: _____

CODE	SUBJECTS	Final Grade	No. of Hours	Action Taken
				Passed
				Passed
				Passed
				Passed
				Passed
				Passed
				Passed
				Passed
				Passed
				Passed

Total Days of School: _____ Total Days Present: _____
 Total Number of Years in School to Date: _____

GRADE TWELVE (Second Semester) School Year: _____
 Name of School: _____
 Address of School: _____

CODE	SUBJECTS	Final Grade	No. of Hours	Action Taken
				Passed
				Passed
				Passed
				Passed
				Passed
				Passed
				Passed
				Passed
				Passed
				Passed

Total Days of School: _____ Total Days Present: _____

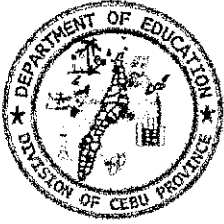
SUMMARY OF NUMBER OF HOURS		
SUBJECTS	NO. OF SUBJECTS	NO. OF HOURS
CORE SUBJECTS	22	1760 hours
APPLIED SUBJECTS	7	560 hours
SPECIALIZATION		
Machining NC II		320 hours
Machining NC II		320 hours
TOTAL		2960 hours

I hereby certify that this is a true record of _____
 as per requirements. This certifies further that he/she completed the academic requirements of Senior High School and eligible for admission to College.

Reviewed by the Division Checking and Review Committee

ISAIAH T. WAGAS, MPA
 Education Program Supervisor - LRMS & SHS

EVELYN G. MALUBAY
 School Principal



CERTIFICATION

This is to certify that the District Checking Committee for Senior High School (SHS) Form 9 has checked, verified and validated all supporting documents of _____ of _____ and are found to be true, authentic and in order as inspected.

Issued this _____ day of January 2018 in the municipality of _____, Cebu, Philippines.

 PSDS – Chairman

 Member

 Member

-----oOo-----

DIVISION CHECKING AND REVIEW COMMITTEE

- | | |
|--|--|
| | OK as to Authority to Open and Offer SHS and Teachers Qualification |
| | Ok as to Compliance of the Subject Sequence, Combination and Required # of Hours |
| | Ok as to Immersion Requirement |
| | Ok as to Other Supporting Documents |
| | Ok as to Permit to Operate |
| | Lacks in _____ |

Reviewed by:

 Cluster Chairman

 Member

 Member

Note: This certification shall be printed at the back of the form 9 of every student.



SENIOR HIGH SCHOOL STUDENT PERMANENT RECORD

LEARNER'S INFORMATION

LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____
 LRN: _____ 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 **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

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): _____ 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
Applied	Entrepreneurship	64	65	65	FAILED
Specialized					
General Ave. for the Semester:				65	FAILED

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): _____ (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): _____ (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: _____ Date _____
Please School Seal Here: _____

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.

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)

ANNEX - LIST OF SUBJECTS TAKEN

Please check the subjects passed by the student

CORE SUBJECTS

- Oral Communication
- Reading and Writing
- Komunikasyon at Pananaliksik sa Wika at Kulturang Pilipino
- Pagbasa at Pagsusuri ng Iba't Ibang Teksto Tungo sa Pananaliksik
- 21st Century Literature from the Philippines and the World
- Contemporary Philippine Arts from the Regions
- General Mathematics
- Statistics and Probability
- Earth and Life Science*
- Physical Science*
- Personal Development/Pansaring Kaunlaran
- Understanding Culture, Society and Politics
- Introduction to the Philosophy of the Human Person/Pambungad sa Pilosopiya ng Tao
- Physical Education and Health (spread out in 4 semesters)

*STEM students will take these instead:

- Earth Science
- Disaster Readiness and Risk Reduction

Subject substitutions, if any:

cat _____

APPLIED SUBJECTS

- English for Academic and Professional Purposes
- Practical Research 1
- Practical Research 2
- Filipino sa Piling Larang
- Empowerment Technologies
- Entrepreneurship

SPECIALIZED SUBJECTS

Track/Strand: STEM

OTHER SUBJECTS (Please write the list of subjects below)
