

SENIOR HIGH SCHOOL STUDENT PERMANENT RECORD

LEARNER'S INFORMATION

LAST NAME: <u>LOZANO</u>		FIRST NAME: <u>MARISOL</u>		MIDDLE NAME: <u>GALLARIN</u>	
LRN: <u>103008140021</u>		Date of Birth (MM/DD/YYYY): <u>07/04/2007</u>		Sex: <u>FEMALE</u>	
				Date of SHS Admission (DD/MM/YYYY): <u>29/08/2023</u>	

ELIGIBILITY FOR SHS ENROLMENT

☐ High School Completer* Gen. Ave: 7 / Junior High School Completer Gen. Ave: 95
 Date of Graduation/Completion (MM/DD/YYYY): 7/14/2023 Name of School: PALATYAN REGION HIGH SCHOOL School Address: BAGNOS, ALICIA, ISABELA
☐ 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: PALAYAN REGION HIGH SCHOOL SCHOOL ID: 300565 GRADE LEVEL: 11 SY: 2023-2024 SEM: 1ST
TRACK/STRAND: ACADEMIC/SCIENCE, TECHNOLOGY, ENGINEERING, & MATHEMATICS (STEM) SECTION: PYTHAGORAS

[illegible]

REMARKS:

Prepared by:

Certified True and Correct:

Date Checked (MM/DD/YYYY):

ALFREDO P. NERI JR.

Signature of Adviser over Printed Name

ELEANOR A. ISDRO, EdD. School Head

Signature of Authorized Person over Printed Name, Designation

01/31/2024

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: PALAYAN REGION HIGH SCHOOL SCHOOL ID: 300565 GRADE LEVEL: 11 SY: 2023-2024 SEM: 2ND
TRACK/STRAND: ACADEMIC/SCIENCE, TECHNOLOGY, ENGINEERING, & MATHEMATICS(STEM) SECTION: PYTHAGORAS

[illegible]

REMARKS:

Prepared by:

Certified True and Correct:

Date Checked (MM/DD/YYYY):

ALFREDO P. NERI JR.

Signature of Adviser over Printed Name

EMILY O. BENITEZ, EdD, School Head,

Signature of Authorized Person over Printed Name, Designation

05/20/2024

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 _____

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

[illegible]

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

REMARKS: (Please indicate the purpose for which this permanent record will be used)

