

SCHOOL: LOOC NATIONAL HIGH SCHOOL SCHOOL ID: GRADE LEVEL: 12 SY: 2025-2026 SEM: 1ST
TRACK/STRAND: ACADEMICS/SCIENCE, TECHNOLOGY, ENGINEERING AND MATHEMATICS SECTION: STEM 1

Indicate if Subject is CORE, APPLIED, or SPECIALIZED	SUBJECTS	Quarter		SEM FINAL GRADE	ACTION TAKEN	
		1ST	2ND			
Core	Personal Development/Pansariling Kaunlaran	95			PASSED	
Core	Understanding Culture, Society and Politics	99			PASSED	
Core	Physical Education and Health	98			PASSED	
Applied	English for Academic and Professional Purposes	98			PASSED	
Applied	Practical Research 2	96			PASSED	
Specialized	General Physics 1	98			PASSED	
Specialized	General Biology I	96			PASSED	
				General Ave. for the Semester:	97	PASSED

REMARKS: Prepared by: EMMIE J. PRINCE Signature of Adviser over Printed Name
 Certified True and Correct: SALOME P. REGALADO Signature of Authorized Person over Printed Name, ASP II
 Date Checked (MM/DD/YYYY): 09/08/2025

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: LOOC NATIONAL HIGH SCHOOL SCHOOL ID: 304040 GRADE LEVEL: 12 SY: 2025-2026 SEM: 2ND
TRACK/STRAND: ACADEMIC/ SCIENCE, TECHNOLOGY, ENGINEERING AND MATHEMATICS SECTION: STEM 1

Indicate if Subject is CORE, APPLIED, or SPECIALIZED	SUBJECTS	Quarter		SEM FINAL GRADE	ACTION TAKEN
		3RD	4TH		
Core	Media and Information Literacy				
Core	Contemporary Philippine Arts from the Regions				
Core	Physical Education and Health				
Applied	Filipino sa Piling Larang				
Applied	Entrepreneurship				
Applied	Inquiries, Investigations and Immersion				
Specialized	General Physics II				
Specialized	General Biology II				
Other Subjects	Work Immersion				
				General Ave. for the Semester:	

REMARKS: Prepared by: EMMIE J. PRINCE Signature of Adviser over Printed Name
 Certified True and Correct: SALOME P. REGALADO, ASP II Signature of Authorized Person over Printed Name, Designation
 Date Checked (MM/DD/YYYY): 09/08/2025

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: ACADEMIC/ SCIENCE, TECHNOLOGY, ENGINEERING AND MATHEMATICS
Awards/Honors Received: _____ SHS General Average: _____
Certified by: _____ Date of SHS Graduation (MM/DD/YYYY): _____

SALOME P. REGALADO Assistant School Principal II
Signature of School Head over Printed Name Date: 09/09/2025

Place 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.
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): 09/09/2025