MINISTRY OF EDUCATION AND TRAINING

SCHOOL REPORT

HIGH SCHOOL

Full name of student

Number: /THPT

SOCIALIST REPUBLIC OF VIETNAM Independence - Freedom - Happiness

SCHOOL REPORT

HIGH SCHOOL

Full name:	Gender:	
Date of birth:		
Place of birth:		
Ethnic group:	Child of revolutionary martyrs, wa	ar invalids (sick soldiers, those who are
entitled to regime as	revolutionary martyrs, families cor	ntributed to the revolution):
Current residence:		
Full name of father:		Occupation:
Full name of mother:		Occupation:
Full name of sponsor	:	Occupation:
		, Datemonthyear
		PRINCIPAL (Signed and sealed)

LEARNING PROCESS

School year	Class	Name of School, District (Town, City of Province), Province (City)	Reg. No.
20 20			

	1	erage marl	KS		Subject teachers
Subjects	1 st 2 nd semester	whole year	Re-exam marks (if any)	sign to confirm GPA, classify, correct and comment (if any) (Signature and full name)	
Mathematics					
Physics					
Chemistry					
Biology					
Informatics					
Literature					
History					
Geography					
Foreign language: English					
Civic education					
Technology					
Physical education					
National defense and security education					
Optional subject					
GPA					
There is no correction in this tab	ole, includin	g subjects:			

(Signed)

(Signed and sealed)

District: School: Province (City): Classification after Admitted to the next class: Classification re-examination and Total Admitted to class 11 **SEMESTER** absent behavior improvement Admitted to the next class Learning days Learning Behavior Behavior after re-examination and capacity capacity behavior improvement: Semester I Repeat class: Semester II Whole year Vocational certificate: Classification: Reward in examinations from district level upward: Other special reward: COMMENTS OF HOME ROOM TEACHER (Signature and full name) **CONFIRMATION OF THE PRINCIPAL** Date...month....year... **Principal** (Signed and sealed)

Subjects	Av	erage marl	KS		Subject teachers
	1 st semester	2 nd semester	whole year	Re-exam marks (if any)	sign to confirm GPA, classify, correct and comment (if any) (Signature and full name)
Mathematics					
Physics					
Chemistry					
Biology					
Informatics					
Literature					
History					
Geography					
Foreign language: English					
Civic education					
Technology					
Physical education					
National defense and security education					
Optional subject					
GPA					
There is no correction in this tal	ble, includin	g subjects:			
Confirmation of Home I	Room Teach	er	(Confirmation	of Principal

Confirmation of Home Room Teacher (Signed)

Confirmation of Principal (Signed and sealed)

School:			Dis	trict:	Pro	vince (City):
SEMESTER	Classif	ication	Total absent	Classifica re-examin behavior im	nation and	- Admitted to the next class: Admitted to class 12
	Behavior	Learning capacity	days	Behavior	Learning capacity	Admitted to the next class after re-examination and
Semester I						behavior improvement:
Semester II						- Repeat class:
Whole year						
	aminations fr	rom district l	level upwar	rd:		on:
				OME ROOM		R
		CONFIR	RMATION	OF THE PF	RINCIPAL	
						monthyear Principal gned and sealed)

Full name: Class: School year:

	Av	erage marl	KS		Subject teachers
Subjects	1 st semester	2 nd semester	whole year	Re-exam marks (if any)	sign to confirm GPA, classify, correct and comment (if any) (Signature and full name)
Mathematics					
Physics					
Chemistry					
Biology					
Informatics					
Literature					
History					
Geography					
Foreign language: English					
Civic education					
Technology					
Physical education					
National defense and security education Optional subject					
GPA					

Confirmation of Principal Confirmation of Home Room Teacher

(Signed)

(Signed and sealed)

District: School: Province (City): Classification after Admitted to the next class: Classification re-examination and Total Admitted to take **SEMESTER** absent behavior improvement graduation exam Learning days Learning Behavior Behavior Admitted to the next class capacity capacity after re-examination and Semester I behavior improvement: Semester II Repeat class: Whole year Vocational certificate: Classification: Reward in examinations from district level upward: Other special reward: COMMENTS OF HOME ROOM TEACHER (Signature and full name) CONFIRMATION OF THE PRINCIPAL Date ... month ... year... **Principal** (Signed and sealed)