



Republic of the Philippines
DEPARTMENT OF EDUCATION

(Region)

(Division)

(School)

(School Address)

CERTIFICATE OF COMPLETION

Date: _____

To Whom It May Concern:

This is to certify that _____ has completed
the Grade/Year _____ (Elementary/Secondary Level) for the School Year _____.

School Head/Registrar
(Signature Over Printed Name)

FOR PALARONG PAMBANSA ONLY