

**JOHN B. LACSON COLLEGES FOUNDATION (BACOLOD), INC.**

Alijis, Bacolod City

**BASIC EDUCATION DEPARTMENT**

DepEd School ID No. 403019

BED Form 13**ACKNOWLEDGMENT OF RETURNED TEST PAPER**

Semester, S.Y.

Subject: _____ Quarter _____ Grade and Section: _____

No.	Name of Student	Signature		Name of Student	Signature
1			26		
2			27		
3			28		
4			29		
5			30		
6			31		
7			32		
8			33		
9			34		
10			35		
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18			43		
19			44		
20			45		
21			46		
22			47		
23			48		
24			49		
25			50		

Received by:

Teacher's Signature over Printed Name

Date

Office Clerk's Name and Signature

Date

"To maintain the highest standards of Quality, Health, Safety, Environmental Protection and Pollution Prevention in our consistent drive to satisfy and strive

/eh

