



JOHN B. LACSON COLLEGES FOUNDATION (BACOLOD), INC.  
Alijis, Bacolod City



BASIC EDUCATION DEPARTMENT  
DepEd School ID No. 403019  
**ACKNOWLEDGMENT OF RETURNED TEST PAPER**

**BED Form 13**

Subject: \_\_\_\_\_ Semester, S.Y. \_\_\_\_\_  
\_\_\_\_\_ 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		
11			36		
12			37		
13			38		
14			39		
15			40		
16			41		
17			42		
18			43		
19			44		
20			45		
21			46		
22			47		
23			48		
24			49		
25			50		

\_\_\_\_\_  
Teacher's Signature over Printed Name      Date

Received by: \_\_\_\_\_  
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

