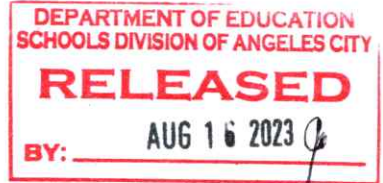




Republic of the Philippines
Department of Education
Region III
Schools Division of Angeles City



15 Aug 2023

DIVISION MEMORANDUM

No. 295 , s.2023

REGISTRATION ON THE SPECIAL PHILIPPINE EDUCATIONAL PLACEMENT TEST (PEPT) FOR FISCAL YEAR 2023

To: Assistant Schools Division Superintendent
Chiefs, CID and SGOD
Education Program Supervisors
Public Schools District Supervisors
Heads, Public Elementary and Secondary Schools
Heads, Private Elementary and Secondary Schools

1. Please be informed that the Registration on the Special Philippine Educational Placement Test (PEPT) for Fiscal Year 2023 will be from August 14 to 31, 2023, 8:00 a.m. to 5:00 p.m., at the School Governance and Operations Division (SGOD) Office of the SDO Angeles City, Pulungbulu, Angeles City.

2. Per DepEd Order No. 55, s.2016, titled *Policy Guidelines on the National Assessment of Student Learning for the K to 12 Basic Education Program*, the following learners are eligible to register for the PEPT:

- Learners from schools without a government permit;
- Learners from non-formal and informal education programs;
- Learners with back subjects;
- Learners who need grade level standards assessment; and
- Learners who are overage for their grade level.

3. Below are the documentary requirements for registration:

- Original and photocopy of PSA/NSO Birth Certificate (in the absence of a Birth Certificate, a baptismal certificate/birth certificate issued and duly signed by Local Civil Registrar will suffice);
- SF 10 or Form 137 (Certified true copy)
- Two (2) identical and recent "1x1" colored ID picture with white background and name tag; and
- Copy of School Permit/Recognition (for applicants coming from Private Schools)

4. The registration for the special PEPT is FREE.

5. A maximum of 459 slots will be accommodated on a first come, first served basis.



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6. Wide dissemination of the contents of this Memorandum is earnestly desired.

RONALDO A. POZON PhD, CESO V
Schools Division Superintendent

Encl.: As stated

Reference: DepEd Order No. 55, s. 2016

To be indicated in the Perpetual Index
under the following subjects:

PLACEMENT	ASSESSMENT
VALIDATION	TESTING

GPS/SMM&E/August 15, 2023



Republic of the Philippines
Department of Education
BUREAU OF EDUCATION ASSESSMENT

*** LEM's Copy ***

SPECIAL PHILIPPINE EDUCATIONAL PLACEMENT TEST

REGISTRATION FORM

Name of Registrant/ Examinee	Last Name	First Name	M.I.
Mailing Address	No., Street, Barrio, Town, Province/City		Age
		Sex	Person with Disability (PWD)
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth (Month/Date/Year)	Contact Number	Date of Examination (Month/Date/Year)	
Name and Address of School Last Attended	Last Grade Level Completed		Grade Level/s to Take
	<small>To be filled out by the Division Testing Coordinator</small>		<small>To be filled out by the Division Testing Coordinator</small>
Place and Date of Registration	Examination Center		

<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div> <p>1" x 1" Picture</p>	<p style="text-align: center;">INSTRUCTIONS TO THE PEPT TESTING COORDINATOR</p> <ol style="list-style-type: none"> 1. Before signing this form, please ensure that all entries on Age, Last Grade Level Completed, and Grade Level/s to Take are legible and correct. 2. Detach Registrant's Copy and give it to the applicant. 3. To verify the identification of the registrant, keep the LEM's Copy and give it to the Chief Examiner on the examination day. 4. NO REGISTRATION FEE <p>I hereby declare under oath that I have personally accomplished this Registration Form and that by affixing my name below, I am certifying that all documents attached to this application are a faithful reproduction of the original, and that all statements and information provided therein are complete, accurate, and correct to the best of my knowledge. I am assuming full responsibility and accountability for the correctness of the details provided and for the document's authenticity.</p> <p style="text-align: center;">_____ Signature over Printed Name of Registrant/Examinee</p>	<p style="text-align: center;"><small>To be filled out by the Division Testing Coordinator</small></p> <p style="text-align: center;">CHECK DOCUMENTS SUBMITTED</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p style="text-align: center; margin: 0;">For NEW PEPT REGISTRANTS</p> <p><input type="checkbox"/> Birth Certificate (NSO/PSA or Local Civil Registrar)</p> <p><input type="checkbox"/> School Records (SF10/F137 signed by the School Principal/Registrar/Administrator)</p> <p><input type="checkbox"/> Identical and recently taken 1x1 colored ID pictures with name tag (2pcs.)</p> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p style="text-align: center; margin: 0;">For retakers and PEPT passers only</p> <p><input type="checkbox"/> Certificate of Rating (COR)</p> <p><input type="checkbox"/> Identical and recently taken 1x1 colored ID pictures with name tag (2pcs.)</p> </div> <div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">Additional requirements for PEPT Validation purposes only</p> <p><input type="checkbox"/> Endorsement Letters</p> <p><input type="checkbox"/> School Division Office</p> <p><input type="checkbox"/> Regional Office</p> </div>
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2023



Republic of the Philippines
Department of Education
BUREAU OF EDUCATION ASSESSMENT

*** Registrant's Copy ***

SPECIAL PHILIPPINE EDUCATIONAL PLACEMENT TEST

REGISTRATION FORM

Name of Registrant/ Examinee	Last Name	First Name	M.I.
Mailing Address	No., Street, Barrio, Town, Province/City		Age
		Sex	Person with Disability (PWD)
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth (Month/Date/Year)	Contact Number	Date of Examination (Month/Date/Year)	
Name and Address of School Last Attended	Last Grade Level Completed		Grade Level/s to Take
	<small>To be filled out by the Division Testing Coordinator</small>		<small>To be filled out by the Division Testing Coordinator</small>
Place and Date of Registration	Examination Center		

<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div> <p>1" x 1" Picture</p>	<p>NOTES:</p> <ol style="list-style-type: none"> 1. Upon registration, the Registration Officer will inform you of the examination date and venue. 2. Complete all the information in the Registration Form. 3. On the examination day, the examinee must be in the venue at 7:30 A.M. Bring this form and at least two (2) pieces no. 2 pencils. <p style="text-align: center;">Certified True and Correct:</p> <p style="text-align: center;">_____ DIVISION TESTING COORDINATOR Signature Over Printed Name</p>
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2023