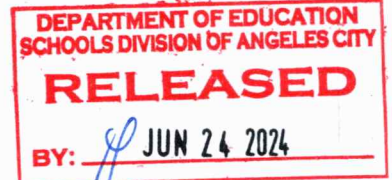




Republic of the Philippines
Department of Education
REGION III
SCHOOLS DIVISION OFFICE OF ANGELES CITY



24 June 2024

DIVISION MEMORANDUM
No. **235** s. 2024

**REGISTRATION ON THE 2024 SPECIAL PHILIPPINE EDUCATIONAL
PLACEMENT TEST (PEPT)**

To: Assistant Schools Division Superintendent
Chief, Education Supervisors
Education Program Supervisors
Public Schools District Supervisors
School Heads of Public and Private Elementary and Secondary Schools
All Others Concerned

1. Please be informed that the 2024 Special Philippine Educational Placement Test (PEPT) is now open for registration at the Curriculum Implementation Division of the SDO Angeles City, Pulungbulu, Angeles City. The tentative deadline is July 5, 2024.

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:

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

3. The client /learner or his/her parent /legal guardian completes the PEPT Registration Form, which is downloadable from <https://bit.ly/SpecialPEPTREg>.

4. The following Documentary requirements must be submitted:

For New test -takers

a. Original and one photocopy of the birth certificate duly authenticated and issued by the Philippine Statistics Authority(formerly National Statistics Office) or by the Local Civil Registrar;



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- b. Certified True Copy and one photocopy of the permanent school record (e.g., SF10/Form 137) signed by the School principal/registrar/school administrator;
- c. Certificate of attendance in intervention programs or any proof of schooling (if applicable);
- d. Two Identical and recently taken 1x1 colored ID pictures with name tags; and
- e. One copy of the accomplished PEPT Registration Form.

For Test retakers

- a. Original and one photocopy of the PEPT Certificate of Rating (for applicants who need to retake a PEPT subtest);
 - b. Two identical and recently taken 1x1 colored ID pictures with name tags; and
 - c. One copy of the accomplished PEPT Registration Form.
5. The registration for the Regular PEPT is free.
6. For other queries or clarifications regarding the conduct of the activity, don't hesitate to contact Dr. Ma. Esperanza S. Malang, Education Program Supervisor in Mathematics of the Curriculum Implementation Division, at mobile number 09328931968.
7. Immediate and wide dissemination of this Memorandum to all concerned is earnestly desired.

Engr. EDGARD C. DOMINGO PhD, CESO V
Schools Division Superintendent

Encl.: As stated
Reference: Advisory dated June 5, 2024
To be indicated in the Perpetual Index
under the following subjects:



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(045) 901-9498/angeles.city@deped.gov.ph



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PLACEMENT
VALIDATION

ASSESSMENT
TESTING

CID/June 24, 2024



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*** 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 <input type="checkbox"/> Male <input type="checkbox"/> Female
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 <small>To be filled out by the Division Testing Coordinator</small>		Grade Level/s to Take <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: 50px; height: 50px; display: flex; align-items: center; justify-content: center;">1" x 1" Picture</div>	<p>INSTRUCTIONS TO THE PEPT TESTING COORDINATOR</p> <ol style="list-style-type: none"> 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. Detach Registrant's Copy and give it to the applicant. To verify the identification of the registrant, keep the LEM's Copy and give it to the Chief Examiner on the examination day. 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><small>To be filled out by the Division Testing Coordinator</small></p> <p>CHECK DOCUMENTS SUBMITTED</p> <p>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/FL37 signed by the School Principal/Registrar/Administrator)</p> <p><input type="checkbox"/> Identical and recently taken 3x3 colored ID pictures with name tag (2pcs.)</p>	<p>For retakers and PEPT passers only</p> <p><input type="checkbox"/> Certificate of Rating (COR)</p> <p><input type="checkbox"/> Identical and recently taken 3x3 colored ID pictures with name tag (2pcs.)</p>
<p><small>Additional requirements for PEPT Validation purposes only</small></p> <p><input type="checkbox"/> Endorsement Letters</p> <p><input type="checkbox"/> School Division Office</p> <p><input type="checkbox"/> Regional Office</p>	

2023



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*** 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 <input type="checkbox"/> Male <input type="checkbox"/> Female
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 <small>To be filled out by the Division Testing Coordinator</small>		Grade Level/s to Take <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: 50px; height: 50px; display: flex; align-items: center; justify-content: center;">1" x 1" Picture</div>	<p>NOTES:</p> <ol style="list-style-type: none"> Upon registration, the Registration Officer will inform you of the examination date and venue. Complete all the information in the Registration Form. 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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