

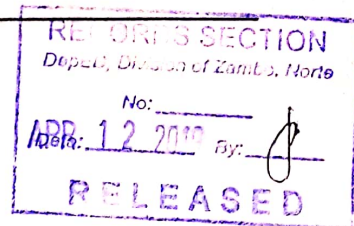


Republic of the Philippines
DEPARTMENT OF EDUCATION
Regional IX - Zamboanga Peninsula
Division of Zamboanga del Norte
Estaka, Dipolog City



MEMORANDUM

No. 006 s. 2019



TO : **ASDSs**
Chiefs, CID and SGOD
Education Program Supervisors
Public Schools Division Supervisors
Administrators/SHs, Public & Private. Elem & Secondary Schools
All Others Concerned

FROM : **The Office of the Schools Division Superintendent**

SUBJECT : **REGISTRATION FOR THE SPECIAL PHILIPPINE EDUCATIONAL PLACEMENT TEST (PEPT) APPLICANTS**

DATE : April 12, 2019

1. Per Bureau of Education Assessment (BEA) Advisory, dated 8 April 2019, the field is hereby informed of the registration of applicants for the Special Philippine Educational Placement Test (PEPT) which is to be administered on June 12, 2019. For this division, the registration period is **April 15 to May 15, 2019**;
2. Hereto attached is the copy of registration form which may be downloaded or reproduced for convenience. Hard copy of the registration form is also available in the School Management & Monitoring (SMM&E) Unit, SGOD, Division Office, Estaka, Dipolog City;
3. Qualified to take the special test are the pupils or students who are:
 - a.) from schools without a government permit;
 - b.) from non-formal and informal education programs;
 - c.) with incomplete or no record of formal schooling;
 - d.) with back subjects;
 - e.) in need of grade level standards assessment;
 - f.) overage for their grade levels.
4. Documentary requirements are as follows:
 - a.) **Birth Certificate** - issued by the PSA or Local Civil Registrar duly authenticated (original and 2 photocopies);
 - b.) **ID Pictures** - 2 pieces, identical and recently taken (size 1"x1");
 - c.) **School Records** - original and 2 photocopies
Elementary Level: Form 137 or Form 138
Secondary Level: Form 13.
5. No registration fee shall be charged from the applicants.
6. All PEPT applications should pass through the district office for initial evaluation as to the completeness of documents by the designated testing coordinator, and for one-time bunched submission of documents to the division office thru SMM&E Unit, not later than **May 31, 2019**;
7. For further inquiry, feel free to direct your call or text to **SEPS Wilson H. Inding** or **EPS II Jed A. Nieves** thru 0998-262-2462 OR 0909-755-2642, accordingly.
8. Immediate and wide dissemination of this Memorandum is desired.

PEDRO MELCHOR M. NATIVIDAD, CSEE
Schools Division Superintendent

Encl.:
As stated



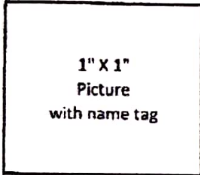
PHILIPPINE EDUCATIONAL PLACEMENT TEST

NO.		REGISTRATION FORM				LEM's Copy	
Surname		First Name				MI	
Mailing Address: No., Street, Barrio, Town, Province/City		Contact No.		Age	Sex		
Date of Birth		LRN (if any)		Date of Examination			
Name and Address of School Last Attended			Grade Level Completed/Finished		Division Code		
Place and Date of Registration			Purpose of Examination				
Examination Center			<input type="checkbox"/> Placement <input type="checkbox"/> Validation <input type="checkbox"/> Subject Completion				

Division Testing Coordinator's Signature Over Printed Name

Applicant's Signature Over Printed Name

INSTRUCTION TO THE PEPT DIVISION TESTING COORDINATOR



JUNE 2019

- Before signing this form, please see to it that all entries especially those on Date of Birth, Age and Grade Level Finished are legible and correct.
- Detach Applicant's Copy and give it to the applicant.
- Keep the LEM's Copy and give it to the Chief Examiner on examination day for applicant verification purposes.
- Verify through LIS if the school where the learner comes from has a government permit.
- For learners from private schools without government permit, place the endorsement letter from the Regional Office inside each ETRE.

CHECK(✓) DOCUMENT/S SUBMITTED	
<input type="checkbox"/>	Birth Certificate
<input type="checkbox"/>	School Record/s
	Secondary - Form 137
	Elementary - Form 137/138
<input type="checkbox"/>	ID Pictures



PHILIPPINE EDUCATIONAL PLACEMENT TEST

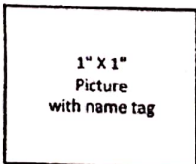
NO.		REGISTRATION FORM				Applicant's Copy	
Surname		First Name				MI	
Mailing Address: No., Street, Barrio, Town, Province/City		Contact No.		Age	Sex		
Date of Birth		LRN (if any)		Date of Examination			
Name and Address of School Last Attended			Grade Level Completed/Finished		Division Code		
Place and Date of Registration			Purpose of Examination				
Examination Center			<input type="checkbox"/> Placement <input type="checkbox"/> Validation <input type="checkbox"/> Subject Completion				

Examination Center

Applicant's Signature Over Printed Name

NOTES:

- Fill-out all blanks in the Registration Form.
- Upon registration, the Registering Official will inform you of the place where you are to take the PEPT.
- On examination day, the test will start exactly at 7:30 a.m. Bring with you this form and 2 lead pencils. You may also bring snacks and lunch that you can take during the break.



JUNE 2019

Certified True and Correct:

Division Testing Coordinator's Signature Over Printed Name