



Republic of the Philippines  
Department of Education  
REGION III  
SCHOOLS DIVISION OF BULACAN

June 14, 2024

**DIVISION MEMORANDUM**

No. **273**, s. 2024

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

To: Assistant Schools Division Superintendents

Division Chiefs

Division Education Program Supervisor/Testing Coordinator

Public Elementary and Secondary School Heads

Heads and Administrators of Private Schools

All Others Concerned

1. In line with the Office Advisory from the Bureau of Education Assessment and the Regional Memorandum No.240, s.2024 dated June 13, 2024, this Office begins accepting registration and submission of documentary requirements for the 2024 Special Philippine Educational Placement Test (PEPT) from **June 14-July 5, 2024** to be submitted to the CID Office, SDO Bulacan, Capitol Compound, City of Malolos, Bulacan.
2. The **tentative** schedule of the 2024 PEPT is set on August 4, 2024 at Bajet Catillo High School, Longos, Pulilan, Bulacan.
3. The PEPT is nationally administered assessment for learners in special circumstances. The result of this assessment will allow these learners to access or resume schooling and/or obtain certification of completion by grade level in the DepEd formal system.
4. Learners are qualified to take the said test given the following circumstances:
  - 3.1 learners from the schools without a government permit;
  - 3.2 learners from nonformal and informal education programs;
  - 3.3 learners who are over-age for their grade levels;
  - 3.4 learners with back subjects;
  - 3.5 learners who have incomplete or no record of formal schooling; and
  - 3.6 learners who need grade-level standard assessments.
5. The required documents in order to take the 2024 PEPT include the following:
  - 5.1 For New Test Takers
    - 5.1.1 One Copy of the Accomplished PEPT Registration Form;
    - 5.1.2 One (1) original and one (1) Photocopy of Birth Certificate duly authenticated and issues by the Philippine Statistics Authority (PSA) (formerly National Statistics Office) or Local Civil Registrar;
    - 5.1.3 Certified True Copy and One (1) Photocopy of the Permanent Record (e.g. School Form 10/Form 137) signed by the school principal/registrar;



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- 5.1.4 Certificate of Attendance in Intervention Program or Proof of Schooling;  
5.1.5 Two (2) identical and recently taken 1x1 colored ID pictures with nametag.

5.2 For Test Re-takers

- 5.2.1 Original and one (1) Photocopy of the PEPT Certificate of Rating (for applicants who need to retake a PEPT Subtest);  
5.2.2 Two (2) identical and recently taken 1x1 colored ID pictures with nametag;  
5.2.3 One Copy of the Accomplished PEPT Registration Form.

6. Enclosure No.1 contains the 2024 PEPT Registration Form for reference guide.
7. Public and private elementary and secondary school heads are tasked to provide pertinent assistance to their qualified learners to ensure that all of them shall be given equal opportunity to take the aforesaid assessment.
8. Queries and other clarificatory and implementation issues may be directly communicated to Dr. Jay Arr V. Sangoyo, the Division Testing Coordinator via email [jayarr.sangoyo@deped.gov.ph](mailto:jayarr.sangoyo@deped.gov.ph).
9. Immediate and wide dissemination of this Memorandum is desired.

  
**NORMA P. ESTEBAN, EdD, CESO V**  
Schools Division Superintendent

Encl.: As Stated

References:

Advisory from the Bureau of Education Assessment dated June 5, 2024;  
Regional Memorandum No.240, s.2024 dated June 13, 2024;

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

GUIDELINES

SPECIAL PHILIPPINE EDUCATION PLACEMENT TEST (PEPT)

TESTING CENTERS

CID/Sangoyo-Division Memo – Special Philippine Education Placement Test (PEPT)  
0038/June 14, 2024



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 Department of Education  
 REGION III  
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Enclosure No.001 to the Division Memorandum No. \_\_\_\_\_, s.2024



Republic of the Philippines  
 Department of Education  
 BUREAU OF EDUCATION ASSESSMENT

\*\*\* LEM's Copy \*\*\*

**REGULAR 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)	
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			
Place and Date of Registration		Examination Center					
1" x 1" Picture	<b>INSTRUCTIONS TO THE PEPT TESTING COORDINATOR</b> 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			<i>To be filled out by the Division Testing Coordinator</i> <b>CHECK DOCUMENTS SUBMITTED</b> <b>For NEW PEPT REGISTRANTS</b> <input type="checkbox"/> Birth Certificate (NSO/PSA or Local Civil Registrar) <input type="checkbox"/> School Records (SF10/F137 signed by the School Principal/Registrar/Administrator) <input type="checkbox"/> Identical and recently taken 1x1 colored ID pictures with name tag (2pcs.)			
	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.			<b>For retakers and PEPT passers only</b> <input type="checkbox"/> Certificate of Rating (COR) <input type="checkbox"/> Identical and recently taken 1x1 colored ID pictures with name tag (2pcs.)			
Signature over Printed Name of Registrant/Examinee _____ 2023		<b>Additional requirements for PEPT Validation purposes only</b> <input type="checkbox"/> Endorsement Letters <input type="checkbox"/> School Division Office <input type="checkbox"/> Regional Office					



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\*\*\* Registrant's Copy \*\*\*

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 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)	
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			
Place and Date of Registration		Examination Center					
1" x 1" Picture	<b>NOTES:</b> 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.			<i>To be filled out by the Division Testing Coordinator</i> <b>CHECK DOCUMENTS SUBMITTED</b> <b>For NEW PEPT REGISTRANTS</b> <input type="checkbox"/> Birth Certificate (NSO/PSA or Local Civil Registrar) <input type="checkbox"/> School Records (SF10/F137 signed by the School Principal/Registrar/Administrator) <input type="checkbox"/> Identical and recently taken 1x1 colored ID pictures with name tag (2pcs.)			
	Certified True and Correct: _____ DIVISION TESTING COORDINATOR Signature Over Printed Name			<b>For retakers and PEPT passers only</b> <input type="checkbox"/> Certificate of Rating (COR) <input type="checkbox"/> Identical and recently taken 1x1 colored ID pictures with name tag (2pcs.)			
Signature over Printed Name of Registrant/Examinee _____ 2023		<b>Additional requirements for PEPT Validation purposes only</b> <input type="checkbox"/> Endorsement Letters <input type="checkbox"/> School Division Office <input type="checkbox"/> Regional Office					