



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 <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 <i>To be filled out by the Division Testing Coordinator</i>		Grade Level/s to Take <i>To be filled out by the Division Testing Coordinator</i>	
Place and Date of Registration			Examination Center		
<div style="border: 1px solid black; width: 60px; height: 60px; display: flex; align-items: center; justify-content: center;"> <p>1" x 1" Picture</p> </div>	INSTRUCTIONS TO THE PEPT TESTING COORDINATOR				
	<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><i>To be filled out by the Division Testing Coordinator</i></p> <p>CHECK DOCUMENTS SUBMITTED</p> <div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center;">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-top: 5px;"> <p style="text-align: center;">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; margin-top: 5px;"> <p style="text-align: center;">Additional requirements for PEPT Validation purposes only</p> <p><input type="checkbox"/> Endorsement Letters</p> <p style="padding-left: 20px;"><input type="checkbox"/> School Division Office</p> <p style="padding-left: 20px;"><input type="checkbox"/> Regional Office</p> </div>
<p>2023</p> <p style="text-align: center;">_____ Signature over Printed Name of Registrant/Examinee</p>					



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Place and Date of Registration			Examination Center		
<div style="border: 1px solid black; width: 60px; height: 60px; display: flex; align-items: center; justify-content: center;"> <p>1" x 1" Picture</p> </div>	NOTES:				
	<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>Certified True and Correct:</p> <p style="text-align: center;">_____ DIVISION TESTING COORDINATOR Signature Over Printed Name</p>					
<p>2023</p>					