



Republic of the Philippines  
**Department of Education**  
 MIMAROPA REGION  
 SCHOOLS DIVISION OF MARINDUQUE



Office of the Schools Division Superintendent

**DIVISION MEMORANDUM**

TO: Asst. Schools Division Superintendent  
 Chief Education Supervisors  
 Public Schools District Supervisors  
 Public and Private Elementary and Secondary School Heads  
 All Others Concerned

For:

FROM: **LYNN G. MENDOZA, EdD**  
 OIC, Schools Division Superintendent

SUBJECT: **ADMINISTRATION OF THE 2023 REGULAR PHILIPPINE EDUCATIONAL PLACEMENT TEST (PEPT)**

DATE: January 30, 2024

1. This Office, through the Division Testing Coordinator, announces the conduct of the Regular Philippine Educational Placement Test (PEPT) at **Marinduque National High School Testing Center**, Isok, Boac, Marinduque on **February 11, 2024 (Sunday) from 6:30 to 5:00 in the afternoon.**

2. The PEPT is a nationally-administered assessment for learners in special circumstances. The result of this assessment will allow those learners to access or resume schooling and/or obtain certification of completion by grade level in the DepEd formal system.

Listed are the suggested activities to be conducted before the administration of PEPT:

Date	Activity	Venue	In-Charge
January 26 – February 6, 2024	Preparation and submission of Requirements / Registration Form	School-Based	School Testing Coordinator, Advisers
February 6, 2024	Deadline of Submission of Requirements / Registration Form	SDO Marinduque – SGOD-SMM&E	School Head / School Testing Coordinator

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February 5, 2024	Orientation for PEPT Test Takers	School-Based	School Testing Coordinator, Advisers
February 8, 2024 3:00 – 4:00 PM	Orientation for Room Examiners	Marinduque NHS Library	School Head, Room Examiners, and Support Staff of Marinduque NHS Testing Center
February 8, 2024	Preparation of Testing Rooms	Marinduque NHS Testing Center	Chief Examiner, Room Examiners, Support Staff
February 10, 2024	Distribution of Test Materials	SDO Marinduque Conference Hall	DTC, Support Staff, School Head/STC of Testing Center
February 11, 2024	Administration of PEPT	Marinduque NHS Testing Center	Chief Examiner, Room Examiners, Monitors (BEA, SDO Personnel, DTC)
February 11, 2024	Submission of Test Materials to SDO	SDO Marinduque Conference Hall	DTC, Support Staff, School Head/STC of Testing Center

3. Target registrants are the following:

- Learners from schools without a government permit,
- Learners from nonformal and informal education programs,
- Learners who have incomplete or no record of formal schooling,
- Learners with back subjects,
- Learners who need grade-level standards assessment, and
- Learners who are overage for their grade levels.

4. The PEPT Registration Form can be downloaded from <https://bit.ly/RegPEPTForm>. Registrants shall submit the documentary requirements to the Division Testing Coordinator (DTC) on or before **February 6, 2024**. Below are the requirements for specific type of test registrants.

#### For new test-takers

- i. Original and one photocopy of the **birth certificate** duly authenticated and issued by the Philippine Statistics Authority (PSA) or by the Local Civil Registrar
- ii. Original and one photocopy of the **permanent school record** (SF10/Form 137) signed by the school principal / registrar, school administrator
- iii. **Certificate of attendance in intervention programs**, or any proof of schooling (if applicable)
- iv. Endorsement letters from RO/SDO (if applicable)
- v. One copy of the accomplished **PEPT Registration Form** with two (2) identical recently taken **1x1 colored ID pictures with name tags**

#### For test retakers

- i. Original and once copy of the **PEPT Certificate of Rating** (For applicants who need to retake a PEPT subtest)
- ii. Two (2) identical recently taken **1x1 colored ID pictures with name tags**
- iii. One copy of the accomplished **PEPT Registration Form**

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5. The School Testing Coordinator / School Guidance Counselor shall serve as Registration Officer at the school level with the following roles:
  - a. verify and check as to veracity and completeness of the documents;
  - b. prepare the school master list; and
  - c. submit the complete documents to the Division Testing Coordinator on or before February 6, 2024.
6. The BEA-EAD allocation of Test Materials is limited; hence, application is on **First Come, First Served** basis.
7. No walk-in test takers will be entertained during the day of the examination.
8. The official list of examinees and testing personnel shall be issued in a separate Memorandum.
9. Two (2) days of service credits shall be given to those teaching personnel and Compensatory Overtime Credit (CTO) for the non-teaching personnel who will form part of the 2023 SPEPT.
10. Travelling expenses and other related expenses shall be charged against the Program Support Fund for National Assessment System for Basic Education (NASBE) subject to the usual accounting and auditing rules and regulations.
11. For further questions or clarifications, please contact Fretzie P. Alcantara, EdD, Senior Education Program Specialist – SMM&E / Division Testing Coordinator at [fretzie.alcantara@deped.gov.ph](mailto:fretzie.alcantara@deped.gov.ph) or at 09685346494.
12. Immediate dissemination of and compliance with the contents of this Memorandum are desired.

/SGOD-SMM&E-FA

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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)
		<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	
	<i>To be filled out by the Division Testing Coordinator</i>	<i>To be filled out by the Division Testing Coordinator</i>	
Place and Date of Registration	Examination Center		
<div style="border: 1px solid black; padding: 5px; width: fit-content;">1" x 1" Picture</div> <p><b>INSTRUCTIONS TO THE PEPT TESTING COORDINATOR</b></p> <ol style="list-style-type: none"> <li>Before signing this form, please ensure that all entries on <b>Age</b>, <b>Last Grade Level Completed</b>, and <b>Grade Level/s to Take</b> are legible and correct.</li> <li>Detach <b>Registrant's Copy</b> and give it to the applicant.</li> <li>To verify the identification of the registrant, keep the <b>LEM's Copy</b> and give it to the <b>Chief Examiner</b> on the examination day.</li> <li><b>NO REGISTRATION FEE</b></li> </ol> <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>2023 _____ Signature over Printed Name of Registrant/Examinee</p>	<p><i>To be filled out by the Division Testing Coordinator</i></p> <p><b>CHECK DOCUMENTS SUBMITTED</b></p> <p><b>For NEW PEPT REGISTRANTS</b></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> <p><b>For retakers and PEPT passers only</b></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> <p><b>Additional requirements for PEPT Validation purposes only</b></p> <p><input type="checkbox"/> Endorsement Letters</p> <p><input type="checkbox"/> School Division Office</p> <p><input type="checkbox"/> Regional Office</p>		



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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)
		<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	
	<i>To be filled out by the Division Testing Coordinator</i>	<i>To be filled out by the Division Testing Coordinator</i>	
Place and Date of Registration	Examination Center		
<div style="border: 1px solid black; padding: 5px; width: fit-content;">1" x 1" Picture</div> <p><b>NOTES:</b></p> <ol style="list-style-type: none"> <li>Upon registration, the <b>Registration Officer</b> will inform you of the examination date and venue.</li> <li>Complete all the information in the Registration Form.</li> <li>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.</li> </ol> <p style="text-align: center;">Certified True and Correct:</p> <p style="text-align: center;">_____ DIVISION TESTING COORDINATOR Signature Over Printed Name</p> <p>2023</p>			