



February 02, 2024

Division MEMORANDUM  
No. 653, s. 2023

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

To : PSDSs/DICs  
Elementary & Secondary School Heads  
This Division

1. Pursuant to DO 55 s. 2016, the Department of Education, through the Bureau of Education Assessment BEA, announces the Administration of the 2023 Regular Philippine Educational Placement Test (PEPT) on February 18, 2024 at Gamut National High School as the testing venue.
2. The PEPT is a nationally administered assessment for learners in special circumstances. The result of this assessment will allow the learners to access or resume schooling and/or obtain certification of completion by grade level in the DepEd formal system.
3. The target registrants for PEPT are the following:
  - a. Learners from schools without a government permit.
  - b. Learners from non-formal and informal education programs.
  - c. Learners who have incomplete or no record of formal schooling.
  - d. Learners with back subjects.
  - e. Learners who need grade-level standards assessment, and
  - f. Learners who are overage for their grade level.
4. Below are the requirements for specific type of registrants:
  - a. For new test-takers
    - i. Original and a photocopy of the birth certificate duly authenticated and issued by the Philippine Statistics Authority or by Local Civil Registrar.
    - ii. Original and one photocopy of the permanent record ( e.g. SF 10/Form 137) signed by the school principal/registrar/school administrator.
    - iii. Certification of attendance in intervention programs, or any proof of schooling (if applicable).
    - iv. Two identical and recently taken 1x1 colored ID pictures with name tags.
    - v. One copy of the accomplished Regular PEPT Registration Form.





Republic of the Philippines  
**Department of Education**  
Caraga Region  
**SCHOOLS DIVISION OF SURIGAO DEL SUR**

- b. For test-retakers
- i. Original and one photocopy of the PEPT Certification of Rating (for applicants who need to retake a PEPT subtest).
  - ii. Two identical and recently taken 1x1 colored ID pictures with name tags.
  - iii. One copy of the accomplished PEPT Registration Form.
5. The required documents shall be submitted at the Division Office on or before February 12, 2024.
  6. Attached herewith is the copy of registration form for the Regular Philippine Educational Placement Test.
  7. The examinees are advised to bring their ID, pencils and food for snacks and lunch on the day of the examination.
  8. In this regard, there shall be an orientation among Testing Personnel on February 16 & 17, 2024 at the ALS DLRC of Tago 2 District.
  9. Immediate & wide dissemination of this memorandum is highly desired.

AFL

**LORENZO O. MACASOCOL, PhD, CESO V**  
Schools Division Superintendent

Encl.: As stated

Reference:

DO 55, s.2016

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

Philippine Educational Placement Test

Assessment

JMO/DM-MEMO :  
057 Feb 02, 2024

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





Republic of the Philippines  
Department of Education  
BUREAU OF EDUCATION ASSESSMENT

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

**REGULAR PHILIPPINE EDUCATIONAL PLACEMENT TEST**

**REGISTRATION FORM**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                          |                                                                                                   |                                                                                              |                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Name of Registrant/<br>Examinee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Last Name                                | First Name                                                                                        |                                                                                              | M.I.                                                                 |
| Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | No., Street, Barrio, Town, Province/City |                                                                                                   | Age                                                                                          | Sex<br><input type="checkbox"/> Male <input type="checkbox"/> Female |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                          | Person with Disability (PWD)<br><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<br><small>To be filled out by the Division Testing Coordinator</small> | Grade Level/s to Take<br><small>To be filled out by the Division Testing Coordinator</small> |                                                                      |
| Place and Date of Registration                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                          | Examination Center                                                                                |                                                                                              |                                                                      |
| <div><div>1" x 1"<br/>Picture</div><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 Age, Last Grade Level Completed, and Grade Level/s to Take are legible and correct.</li><li>Detach Registrant's Copy and give it to the applicant.</li><li>To verify the identification of the registrant, keep the LEM's Copy and give it to the Chief Examiner on the examination day.</li><li>NO REGISTRATION FEE</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 _____<br/>Signature over Printed Name of Registrant/Examinee</p></div></div> |                                          |                                                                                                   |                                                                                              |                                                                      |
| <div><p><small>To be filled out by the Division Testing Coordinator</small></p><p><b>CHECK DOCUMENTS SUBMITTED</b></p><p><b>For NEW PEPT REGISTRANTS</b></p><ul style="list-style-type: none"><li><input type="checkbox"/> Birth Certificate (NSO/PSA or Local Civil Registrar)</li><li><input type="checkbox"/> School Records (SF10/F137 signed by the School Principal/Registrar/Administrator)</li><li><input type="checkbox"/> Identical and recently taken 1x1 colored ID pictures with name tag (2pcs.)</li></ul><p><b>For retakers and PEPT passers only</b></p><ul style="list-style-type: none"><li><input type="checkbox"/> Certificate of Rating (COR)</li><li><input type="checkbox"/> Identical and recently taken 1x1 colored ID pictures with name tag (2pcs.)</li></ul><p><b>Additional requirements for PEPT Validation purposes only</b></p><ul style="list-style-type: none"><li><input type="checkbox"/> Endorsement Letters</li><li><input type="checkbox"/> School Division Office</li><li><input type="checkbox"/> Regional Office</li></ul></div>                                                           |                                          |                                                                                                   |                                                                                              |                                                                      |



Republic of the Philippines  
Department of Education  
BUREAU OF EDUCATION ASSESSMENT

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

**REGULAR PHILIPPINE EDUCATIONAL PLACEMENT TEST**

**REGISTRATION FORM**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |                                                                                                   |                                                                                              |                                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Name of Registrant/<br>Examinee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Last Name                                | First Name                                                                                        |                                                                                              | M.I.                                                                 |
| Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | No., Street, Barrio, Town, Province/City |                                                                                                   | Age                                                                                          | Sex<br><input type="checkbox"/> Male <input type="checkbox"/> Female |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          | Person with Disability (PWD)<br><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<br><small>To be filled out by the Division Testing Coordinator</small> | Grade Level/s to Take<br><small>To be filled out by the Division Testing Coordinator</small> |                                                                      |
| Place and Date of Registration                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                          | Examination Center                                                                                |                                                                                              |                                                                      |
| <div><div>1" x 1"<br/>Picture</div><div><p><b>NOTES:</b></p><ol style="list-style-type: none"><li>Upon registration, the Registration Officer 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>Certified True and Correct:</p><p>2023 _____<br/>DIVISION TESTING COORDINATOR<br/>Signature Over Printed Name</p></div></div> |                                          |                                                                                                   |                                                                                              |                                                                      |