



Republic of the Philippines
Department of Education
REGION X
DIVISION OF CAGAYAN DE ORO CITY



Office of the Schools Division Superintendent

August 05, 2024

DIVISION MEMORANDUM
No. JTD s. 2024

**EXTENSION OF THE 2024 SPECIAL PHILIPPINE EDUCATIONAL
PLACEMENT TEST (PEPT) REGISTRATION**

TO: Asst. Schools Division Superintendent
Chief Education Program Supervisors – CID and SGOD
Public Schools District Supervisors
Division Testing Coordinator
Private and Public Elementary and Secondary School Heads

1. With reference to the Advisory from the Bureau of Education Assessment (BEA), all concerned are hereby informed of the extension of the **Special PEPT registration and data/document submission until AUGUST 16, 2024.**
2. Only application forms with complete and correct supporting documents shall be processed. Attached is the registration form for your reference and guidance on the documentary requirements indicated therein.
3. In adherence to Equal Opportunity Policy (EOP), inclusive and fair treatment are accorded to all concerned regardless of age, gender, sexual orientation, disability, religion and ethnicity.
4. Immediate and widest dissemination of this memorandum is enjoined.


ROY ANGELO E. GAZO
Schools Division Superintendent

Encl: None

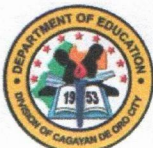
Reference: None

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

SPECIAL PEPT

ASSESSMENT

ECHR/NLCA
August 05, 2024



Address: Fr. William F. Masterson Ave., Upper Balulang, Cagayan de Oro City
Mobile No: +63 975 6403 226 (Globe) | +63 951 1710 902 (Smart)
Email Address: cagayandeoro.city@deped.gov.ph



Republic of the Philippines
Department of Education
BUREAU OF EDUCATION ASSESSMENT

*** LEM's Copy ***

SPECIAL PHILIPPINE EDUCATIONAL PLACEMENT TEST

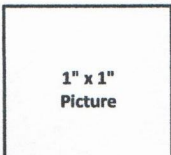
REGISTRATION FORM					
Name of Registrant/ Examinee	Last Name		First Name		M.I.
Mailing Address	No., Street, Barrio, Town, Province/City		Age	Sex ☐ Male ☐ Female	Person with Disability (PWD) ☐ Yes ☐ No
Date of Birth (Month/Date/Year)	Contact Number		Date of Examination (Month/Date/Year)		
Name and Address of School Last Attended		Last Grade Level Completed To be filled out by the Division Testing Coordinator		Grade Level/s to Take To be filled out by the Division Testing Coordinator	
Place and Date of Registration			Examination Center		
 INSTRUCTIONS TO THE PEPT TESTING COORDINATOR - 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 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. 2023 _____ Signature over Printed Name of Registrant/Examinee To be filled out by the Division Testing Coordinator CHECK DOCUMENTS SUBMITTED For NEW PEPT REGISTRANTS ☐ Birth Certificate (NSO/PSA or Local Civil Registrar) ☐ School Records (SF10/F137 signed by the School Principal/Registrar/Administrator) ☐ Identical and recently taken 1x1 colored ID pictures with name tag (2pcs.) For retakers and PEPT passers only ☐ Certificate of Rating (COR) ☐ Identical and recently taken 1x1 colored ID pictures with name tag (2pcs.) Additional requirements for PEPT Validation purposes only ☐ Endorsement Letters ☐ School Division Office ☐ Regional Office					



Republic of the Philippines
Department of Education
BUREAU OF EDUCATION ASSESSMENT

*** Registrant'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 ☐ Male ☐ Female	Person with Disability (PWD) ☐ Yes ☐ 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 To be filled out by the Division Testing Coordinator		Grade Level/s to Take To be filled out by the Division Testing Coordinator	
Place and Date of Registration			Examination Center		
 NOTES: - 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. Certified True and Correct: 2023 _____ DIVISION TESTING COORDINATOR Signature Over Printed Name					