



November 23, 2020

DIVISION MEMORANDUM
No. 270 s. 2020

**REGISTRATION AND ADMINISTRATION OF
2020 PHILIPPINE EDUCATIONAL PLACEMENT TEST**

DepEd DIVISION OF TANGUB CITY
CITY OF TANGUB

RELEASED

DATE: 11/23/20

To: Curriculum Implementation Division (CID)
Schools Governance and Operations Division (SGOD)
District In-Charge/Section Heads
Public Elementary and Secondary School Heads including TICs
District Alternative Learning Coordinators (DALCs)
Private School Principals
This Division

1. The Department of Education(DepEd), through the Bureau of Education Assessment(BEA) announces the registration and administration of the 2020 Philippine Educational Placement Test.
2. The test will be in a paper- and-pencil modality which shall be administered in all schools' divisions nationwide on **February 7,2021**.
3. The registration period for the above-mentioned examination shall be from November 23, 2020 to December 15, 2020. Payment of the said examination shall be waived due to existing health crisis.
4. The following learners are eligible to apply:
 - a) Learners from schools without a government permit,
 - b) Learners from nonformal and informal education programs,
 - c) Learners who have incomplete or no record of formal schooling,
 - e) Learners with back subjects,
 - f) Learners who need grade level standards assessment,
 - g) Learners who are overage for their grade level,
 - h) Learners who are 15- 65 years old, and
 - i) Learners who have no immunodeficiency, comorbidity or other health risks, and is/are not pregnant.
5. Interested applicants shall submit the following documents for evaluation by assigned personnel:
 - a. Accomplished PEPT Registration Form,
 - b. Original and certified photocopy of School Record-School Form 10(SF 10) or Form 137 for JHS applicants and School Form 9(SF 9) or Form 138 for elementary level applicants,

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c. Original and photocopy of Birth Certificate issued by PSA/NSO(Baptismal Certificate/Birth certificate issued and duly signed by Local Civil Registrar shall be accepted in the absence of a Birth Certificate),

d. Two(2) 1 x 1 ID picture, and

e. Accomplished Medical Declaration Form.

6. Only the registered applicants with complete requirements shall be allowed to take the test at the testing centers approved by BEA.

7. School heads and District Alternative Learning coordinators shall conduct advocacy campaign and provide assistance in the dissemination of information, distribution of registration and medical declaration forms, and initial evaluation and verification of applicants' required documents. Registration requirements of PEPT applicants must be submitted to the DTC or SDO personnel in charge of PEPT registration on or before December 15, 2020.

8. Enclosed are the registration and medical declaration forms.

9. For queries and more information please contact Mr. Mario Esteban C. Arsenal, Division Testing Coordinator/ SEPS M & E at 09305784879(Smart).

10. For immediate dissemination.


AGUSTINES E. CEPE, CESO V
Schools Division Superintendent

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Enclosure 1- 2020 PEPT Registration Form

PEPT FORM 1

Republic of the Philippines
Department of Education
BUREAU OF EDUCATION ASSESSMENT

FREE

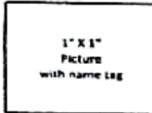
PHILIPPINE EDUCATIONAL PLACEMENT TEST

NO.		REGISTRATION FORM				LEM's Copy	
Surname		First Name				MI	
Mailing Address		No., Street, Barrio, Town, Province/City		Contact No.		Age	
Date of Birth		LRN (if any)		Date of Examination		Sex	
Name and Address of School Last Attended		Grade Level Completed/Finished		Division Code			
Place and Date of Registration		Purpose of Examination		<input type="checkbox"/> Placement <input type="checkbox"/> Validation <input type="checkbox"/> Subject Completion			
Examination Center							

Division Testing Coordinator's Signature Over Printed Name

Applicant's Signature Over Printed Name

INSTRUCTION TO THE PEPT DIVISION TESTING COORDINATOR



FEBRUARY 2021

- Before signing this form, please see to it that all entries especially those on Date of Birth, Age and Grade Level Finished are legible and correct.
- Detach Applicant's Copy and give it to the applicant.
- Keep the LEM's Copy and give it to the Chief Examiner on examination day for applicant verification purposes.
- Verify through LIS if the school where the learner comes from has a government permit.
- For learners from private schools without government permit, place the endorsement letter from the Regional Office inside each ETRE.

CHECK (✓) DOCUMENT/S SUBMITTED

- Birth Certificate
 School Record/s
 Secondary - Form 137
 Elementary - Form 137/138
 ID Pictures

PEPT FORM 1

Republic of the Philippines
Department of Education
BUREAU OF EDUCATION ASSESSMENT

FREE

PHILIPPINE EDUCATIONAL PLACEMENT TEST

NO.		REGISTRATION FORM				Applicant's Copy	
Surname		First Name				MI	
Mailing Address		No., Street, Barrio, Town, Province/City		Contact No.		Age	
Date of Birth		LRN (if any)		Date of Examination		Sex	
Name and Address of School Last Attended		Grade Level Completed/Finished		Division Code			
Place and Date of Registration		Purpose of Examination		<input type="checkbox"/> Placement <input type="checkbox"/> Validation <input type="checkbox"/> Subject Completion			
Examination Center							

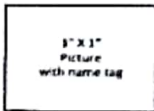
Examination Center

Applicant's Signature Over Printed Name

NOTES:

- Fill out all blanks in the Registration Form.
- Upon registration, the Registering Official will inform you of the place where you are to take the PEPT.
- On examination day, the test will start exactly at 7:30 a.m. Bring with you this form and 2 lead pencils. You may also bring snacks and lunch that you can take during the break.

Certified True and Correct:



FEBRUARY 2021

Division Testing Coordinator's Signature Over Printed Name

Enclosure No. 2: Medical Declaration Form

Republic of the Philippines
Department of Education

Division of _____

Region _____

Medical DECLARATION FORM

Name: _____ Age: _____ Gender: _____

Directions: The following are medical conditions that are considered comorbidities of Covid-19. Each item is answerable by yes or no. Answer each item honestly by putting a check in the box that corresponds to your answer.

Do you have:	Yes	No
a. cancer		
b. kidney disease		
c. diabetes		
d. hypertension or high blood pressure		
e. pulmonary disease/conditions (tuberculosis, asthma, cystic fibrosis, etc.)		
f. liver disease, e.g. especially cirrhosis (scarring of the liver)		
g. weakened immune system due to solid organ or bone marrow transplant		
h. heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies		
For women only, are you pregnant?		

I express my consent for and authorize DepEd to collect, process, and keep my personal information on my medical conditions for the screening purposes in the registration for Philippine Educational Placement Test and in compliance with the Data Privacy Act of 2012 (RA 10173). DepEd cannot disclose my personal information to any third parties without my explicit permission. It can, however, share said information with its bureaus/offices/service units and external agencies, affiliates, or partners to fulfill programs, activities, and projects requirements; financial, logistic, and contractual obligations; or to comply with law enforcement and legal processes. I certify that I have agreed to the above information and that I am well-informed of the purposes of this endeavor.

Signature over Printed Name

Date: _____