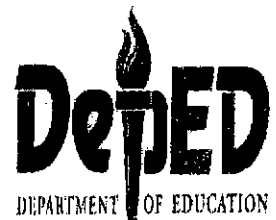


REPUBLICA NG PILIPINAS
REPUBLIC OF THE PHILIPPINES
KAGAWARAN NG EDUKASYON
DEPARTMENT OF EDUCATION
DepEd Complex, Meralco Avenue, Pasig City



169-5

DepED MEMORANDUM
No. 329 s. 2004

AUG 05 2004

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Fax: 633-7231
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**ADDITIONAL PROCEDURE/REQUIREMENT ON THE REGISTRATION OF THE 2004
REGULAR PHILIPPINE EDUCATIONAL PLACEMENT TEST (PEPT)**

To: Bureau Directors
Regional directors
Schools Division/City Superintendents
Heads, Public and Private Elementary and Secondary Schools
Vocational High School Principals

1. Relative to the registration of the 2004 Regular Philippine Educational Placement Test (PEPT) from July 15 to September 30, 2004, the following forty two (42) schools divisions shall be the sample in a research project of the National Education Testing and Research Center (NETRC):

Luzon		Visayas and Mindanao	
Region		Region	
I	Pangasinan II, Ilocos Sur	VI	Bacolod, Negros Occidental, Iloilo Province, Iloilo City
II	Cagayan, Nueva Vizcaya	VII	Bohol, Cebu Province, Cebu City
III	Angeles, Olongapo, Pampanga	VIII	Leyte, Ormoc, Samar
IV-A	Batangas Province, Laguna, Rizal	IX	Zamboanga Norte, Zamboanga Sur
IV-B	Romblon, Palawan	X	Bukidnon, Cagayan de Oro
V	Camarines Sur, Naga, Iriga	XI	Davao City, Davao del Norte
NCR	Caloocan, Manila, Quezon City, Pasig-San Juan	XII	General Santos, North Cotabato
CAR	Baguio, Benguet	CARAGA	Agusan del Sur, Surigao del Sur

2. In addition to the usual registration requirements, the applicants with work experience shall submit the following:

- a. certification of employment
- b. certified outstanding award/citation
- c. business license if self employed

3. Sample forms of Certification to be accomplished by applicants with work experience are enclosed with the registration form.

4. The cooperation and assistance of all the officials in the 42 schools divisions will be very significant because the results of the study will give a better chance for PEPT clients to pass the test particularly those with work experience.

5. Registration forms (PEPT Form 1) which are not used shall be returned to NETRC thru its authorized representative during the retrieval of materials. The corresponding amount of unreturned registration forms shall be credited to the registering officer.

6. Immediate dissemination of this Memorandum is desired.

R. C. Bacani
RAMON C. BACANI
Undersecretary
Officer-in-Charge

Encl.: As stated

Reference: DepED Memorandum: No. 258, s. 2003

Allotment: 1—(D.O. 50-97)

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

RESEARCH or STUDIES
TESTS
STUDENTS

Reformatted by: SallyAdd'l(PEPT)
July 16, 2004
Computer used: Shiela

PHILIPPINE EDUCATIONAL PLACEMENT TEST

N^o 204901 REGISTRATION FORM		Applicant's Copy
Surname	First Name	MI
Mailing Address No., Street, Barrio, Town, Province/City		Age [] [] M <input type="checkbox"/> F <input type="checkbox"/>
Date of Birth	Date of Examination	
Name and Address of School Last Attended	Grade/Year Level Completed/Finished	Division Code [] [] []
Place and Date of Registration		
Examination Center _____		Applicant's Signature Over Printed Name _____
<p>NOTE:</p> <ol style="list-style-type: none"> 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 1 or 2 pencils. You may also bring snacks and lunch that you can take during the break. Fill-out all blanks in the Registration Form. 		
<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div> <p>1" x 1" Picture</p>	<p>Work Information</p> <p>Please Check: Certified True and Correct:</p> <p>With Work Experience <input type="checkbox"/></p> <p>Without Work Experience <input type="checkbox"/></p> <p style="text-align: right;">Division Testing Coordinator's Signature Over Printed Name _____</p>	

N^o 204901 REGISTRATION FORM		LEM's Copy
Surname	First Name	MI
Mailing Address No., Street, Barrio, Town, Province/City		Age [] [] M <input type="checkbox"/> F <input type="checkbox"/>
Date of Birth	Date of Examination	
Name and Address of School Last Attended	Grade/Year Level Completed/Finished	Division Code [] [] []
Place and Date of Registration		
Examination Center _____		Applicant's Signature Over Printed Name _____
<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div> <p>1" x 1" Picture</p>	<p>Work Information</p> <p>Please Check:</p> <p>With Work Experience <input type="checkbox"/></p> <p>Without Work Experience <input type="checkbox"/></p> <p style="text-align: center;">INSTRUCTION TO THE PEPT DIVISION TESTING COORDINATOR</p> <ol style="list-style-type: none"> Before signing this form, please see to it that all entries especially those on Age and Grade Year 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. 	