



Republic of the Philippines
Department of Education
REGION VII - CENTRAL VISAYAS
DIVISION OF CITY SCHOOLS - TAGBILARAN CITY

**Office of the Schools
Division
Superintendent**

DIVISION MEMORANDUM
No. 042

January 15, 2026

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

To: Assistant Schools Division Superintendent
Public and Private Secondary School Principals
All Others Concerned

1. Relative to Division Memorandum No. 785,s. 2025, titled, **“Administration of the Regular Philippine Educational Placement Test” (PEPT)**, this Office through the Schools Governance Operations Division (SGOD) would like to announce the conduct of the Administration of the Regular Philippine Educational Placement Test (PEPT) on **February 22, 2026**.
2. Applicants for the Regular PEPT of the Division of City Schools- Tagbilaran City are to take the placement test in a designated Testing Center of Region VII at **Zapatera Elementary School, Sikatuna Street, Cebu City** .
3. School Heads of Public and Private Schools are advised to highly encouraged the parents of learners who will be taking the PEPT to submit their application with attachments at the SGOD Office of the City Division not later than January 21, 2026
4. Enclosed is the application form template for your reference.
5. Immediate dissemination of this Memorandum is desired.

WILFREDA D. BONGALOS PhD, CESO V
Schools Division Superintendent

WDB/JAAL/SGOD-MCC/etc



Address: H. Zamora St., Dampas, Tagbilaran City, Bohol
Telephone Nos.: (038)427-1702; (038)427-2506; (038)422-8177
(038)427-6718; (038)544-2147
Email Address: tagbilarancity.division@depd.gov.ph

Annex A



LEM's Copy

Republic of the Philippines
Department of Education
BUREAU OF EDUCATION ASSESSMENT

2024 REGULAR PHILIPPINE EDUCATIONAL PLACEMENT TEST (PEPT)
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)	
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 (check all that applies)			
Purpose		To be filled out by the Division Testing Coordinator		To be filled out by the Division Testing Coordinator			
<input type="checkbox"/> Placement <input type="checkbox"/> Validation <input type="checkbox"/> Subject Completion		<input type="checkbox"/> No Schooling <input type="checkbox"/> Kindergarten <input type="checkbox"/> Grade 1 <input type="checkbox"/> Grade 2 <input type="checkbox"/> Grade 3 <input type="checkbox"/> Grade 4		<input type="checkbox"/> Kindergarten <input type="checkbox"/> Grade 1 <input type="checkbox"/> Grade 2 <input type="checkbox"/> Grade 3 <input type="checkbox"/> Grade 4 <input type="checkbox"/> Grade 5 <input type="checkbox"/> Grade 6 <input type="checkbox"/> Grade 7 <input type="checkbox"/> Grade 8 <input type="checkbox"/> Grade 9 <input type="checkbox"/> Grade 10 for retake, indicate the grade level/s and subject/s to take			
Place and Date of Registration				Examination Center			
1"x 1" Picture 		INSTRUCTIONS TO THE PEPT TESTING COORDINATOR 1. 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. 2. Detach Admission Slip and give it to the applicant. 3. Keep the LEM's Copy and give it to the Chief Examiner on examination day for the applicant verification purposes. 4. NO REGISTRATION FEE.		To be filled out by the Division Testing Coordinator For NEW PEPT REGISTRANTS <input type="checkbox"/> Original and Photocopy of Birth Certificate (NSO/PSA or Local Civil Registrar) <input type="checkbox"/> Certified True Copy of Schools Records with dry seal (SF10/F137 signed by the School Principal/Registrar/Administrator) <input type="checkbox"/> Identical and recently taken 1x1 colored ID pictures with name tag (2 pcs) For retakes and PEPT passers only <input type="checkbox"/> Certificate of Rating (COR) <input type="checkbox"/> Identical and recently taken 1x1 colored ID pictures with name tag (2 pcs) Additional Requirements for PEPT Validation Purposes only <input type="checkbox"/> Endorsement Letters <input type="checkbox"/> Regional Office <input type="checkbox"/> Schools Division Office			
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.							
Signature over Printed Name of Registrant/Examinee							



Registrant's Copy

Republic of the Philippines
Department of Education
BUREAU OF EDUCATION ASSESSMENT

2024 REGULAR PHILIPPINE EDUCATIONAL PLACEMENT TEST (PEPT)
ADMISSION SLIP

Name of Registrant/ Examinee		Last Name		First Name		M.I.	
Date of Birth (Month/Date/Year)		Age		Date of Examination (Month/Date/Year)			
Examination Center		Last Grade Level Completed		Grade Level/s to Take			
		To be filled out by the Division Testing Coordinator		To be filled out by the Division Testing Coordinator			
1"x 1" Picture 		NOTES: 1. Upon registration, the Registration Officer will inform you of the examination date and venue. 2. Complete all the information in the Registration Form. 3. On the examination day, the examinee must be in the venue at 7:30 A.M. Bring this slip and at least two (2) pieces of No. 2 pencils.					
Certified True and Correct: Signature over Printed Name of Division Testing Coordinator							

4