



Republic of the Philippines
Department of Education
Region 4-A CALABARZON
Province of Quezon
DIVISION OF TAYABAS CITY
Tayabas City



DIVISION MEMORANDUM NO. 320

TO: **OIC-ASSISTANT SCHOOLS DIVISION SUPERINTENDENT
CHIEFS, EDUCATION SUPERVISORS, CID AND SGOD
EDUCATION PROGRAM SUPERVISORS
HEADS, PUBLIC ELEMENTARY AND SECONDARY SCHOOLS**

FROM: **CATHERINE P. TALAVERA, Ph.D.** *[Signature]*
OIC-Schools Division Superintendent

SUBJECT: **Registration Period for the 2017 Completers of the Alternative Learning System (ALS) Program**

DATE: **November 22, 2017**

Pursuant to Memorandum DM-CI-2017-00359, re: Registration Period for the 2017 Completers of the Alternative Learning System (ALS) Program, the Schools Division of Tayabas City will conduct Test Registration for 2017 Completers of the Alternative Learning System (ALS) Program.

2017 ALS Program Completers without LRN may register as long as they have Certificate of ALS Program Completion issued by their Learning Facilitator and verified by the Registration Committee. Refer to Enclosure No. 2 for Certificate of ALS Program Completion.

Registration period is from **December 1, 2017 to January 12, 2018. Pag-asa Community Learning Center** will serve as Registration Center and Registration Committee will facilitate the test registration. See Enclosure No. 1 for A&E Registration Form and Enclosure No. 3 for List of Registrants.

Requirement are Original and Photocopy of Certification of ALS Program Completion issued by the Learning Facilitator (*For ALS Learner Only*); Original and Photocopy of Birth Certificate (NSO/PSA); if copy of Birth Certificate from the Philippine Statistics Authority (formerly National Statistics Office) is not available, any of the following documents can be presented: Baptismal Certificate; Voter's ID (with picture and signature); Valid Passport; Valid Driver's License; and any legal document bearing the applicant's picture, name and signature (e.g. NBI Clearance, Barangay Certificate, Certification issued by barangay leaders/chieftain of learning facilitator); Two 1 x 1 identical ID Photo (white background with name tag).

Relative to this, Registration Committee and support staff shall be given service credits during week end services as provided in DepEd Order No. 53, s. 2003, entitled Updated Guidelines on Grant of Vacation Service Credit to Teachers.

As per Registration Committee, refer to enclosure no. 4.

Immediate dissemination of this memorandum is desired.

CID/A&E Test Registration
DM 320

We are an emerging division where excellence is a habit and allegiance for quality is a pledge.

Email us at: tayabas.city@deped.gov.ph

Website: www.depedtayabascity.ph

tel. no. : (042) 797-0591

telefax no. : (042) 797-0054), (042) 797-0773





Republic of the Philippines
Department of Education
Region 4-A CALABARZON
Province of Quezon
DIVISION OF TAYABAS CITY
Tayabas City



Enclosure No. 4 to Division Memorandum No. ____, s. 2017

REGISTRATION COMMITTEE

Chairman: Teofila A. Ocumin
Co-Chairman: Roxanne Marie J. Pernia

Support Staff:

Abel P. Tutor
Ginalyn M. Obcemea



1x1 ID Photo
with
Name Tag

Republic of the Philippines
Department of Education
BUREAU OF EDUCATION ASSESSMENT
2nd Flr., Bonifacio Bldg., Meralco Ave., Pasig City 1600

ACCREDITATION AND EQUIVALENCY (A&E) TEST

Registration Form

Write Legibly. Put X on the applicable items.

Registration Date

Surname

Given Name

M.I.

Birthdate

Month Day Year

Learner Reference Number

Civil Status

Single

Married

Separated

Gender

Male

Female

Home Address

Region

Division

Learning
Center

ALS Program Completed (Pls. Specify)

A&E Test Applying for

Elementary Level

Junior High School

Proof of Identity

Contact Number

To be accomplished by the Registration Officer

Name and Address
of Testing Center

I Certify that I validated the information supplied by
the applicant in this form based on the required
attachments.

Registration Officer's Signature Over Printed Name

I certify that all information in this form are TRUE and CORRECT.

Applicant's Signature Over Printed Name

Required Attachments

☐ Proof of Identity

☐ ALS Program Certification (if any)

☐ Proof of Birth (NSO, Passport, Any legal Documents)

1x1 ID Photo
with
Name Tag

Republic of the Philippines
Department of Education
BUREAU OF EDUCATION ASSESSMENT
2nd Flr., Bonifacio Bldg., Meralco Ave., Pasig City 1600

ACCREDITATION AND EQUIVALENCY (A&E) TEST

Registration Form

Write Legibly. Put X on the applicable items.

Registration Date

Surname

Given Name

M.I.

Birthdate

Month Day Year

Learner Reference Number

Civil Status

Single

Married

Separated

Gender

Male

Female

Home Address

Region

Division

Learning
Center

ALS Program Completed (Pls. Specify)

A&E Test Applying for

Elementary Level

Junior High School

Proof of Identity

Contact Number

To be accomplished by the Registration Officer

Name and Address
of Testing Center

I Certify that I validated the information supplied by
the applicant in this form based on the required
attachments.

Registration Officer's Signature Over Printed Name

I certify that all information in this form are TRUE and CORRECT.

Applicant's Signature Over Printed Name

Required Attachments

☐ Proof of Identity

☐ ALS Program Certification (if any)

☐ Proof of Birth (NSO, Passport, Any legal Documents)



Republic of the Philippines
Department of Education
Division of _____
Region _____

CERTIFICATE OF ALS PROGRAM COMPLETION

This is to certify that _____ of _____
(Name) (Address)

_____ has satisfactorily completed _____
(Specify ALS Program Level Completed)

at _____ in _____
(Learning Center) (Address of Learning Center)

This certification is issued as one of the requirements for Accreditation and Equivalency (A&E) Test application.

Signature over Printed Name
ALS Facilitator/Mobile Teacher



Republic of the Philippines
Department of Education
Region _____
Division of _____



Accreditation and Equivalency (A&E) Test

List of Registrants

Testing Center: _____
Region & Division Code: _____

Address: _____
*A&E Test Level: _____
Total: _____

Summary of Registrants

M F

No.	Name	Age	Birthdate	Sex	Documents Submitted (Check the appropriate Column)				Program
					ALS Course Certificate	Proof of Identity	Proof of Birth	ALS/ Non-ALS	
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									

*A&E Test Level: Elementary/Junior High School

Page _____ of _____

Registration Officer (Signature Over Printed Name)