



Republic of the Philippines  
Department of Education  
Region IV – A CALABARZON  
**DIVISION OF TAYABAS CITY**  
Tayabas City



**DIVISION MEMORANDUM NO. 275**

**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.**  
OIC-Schools Division Superintendent

**SUBJECT: Preparation for the Accreditation and Equivalency (A&E) Test Registration**

**DATE : Sept. 29, 2017**

Pursuant to Memorandum DM-CI-2017-00312, the Schools Division of Tayabas City will conduct Test Registration for Accreditation and Equivalency (A&E) in two levels: elementary and junior high.

Registrants must be learners in the ALS System (ALS Program Completers, Non-passers in the previous A&E Tests who completed ALS Program and Completers of ALS Program but did not take the A&E in the previous test administration); Out of School Children and Youth prepared for the assessment and Adults seeking certification of Learning. Refer to enclosure 1 for Certificate of ALS Program Completion.

Registration period is from October 2-25, 2017. Tayabas West Central School I will serve as Registration Center and Registration Committee will facilitate the test registration. See enclosure 2 for A&E Registration Form and enclosure 3 and 4 for List of Registrants.

Requirements are original and photocopy of ALS Program Completion (*\*For ALS learners only.*); original and photocopy of Birth Certificate (NSO/PSA); two 1x1 identical ID Photo (white background with name tag). If copy of the Birth Certificate is not available, any of the following documents will do. (Baptismal Certificate, Voter's ID, Valid Passport, Valid Driver's License, NBI Clearance and Barangay Certificate)

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 Credits to Teachers.

As per Registration Committee, refer to the enclosure 5.

Immediate dissemination of this memorandum is desired.

*SGOD/A&E Test Registration*  
*DM-275 / 10-4-17*





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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)

on \_\_\_\_\_  
(Date of ALS Program Completion)

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

\_\_\_\_\_  
Signature over Printed Name  
Learning Facilitator

\*Not Valid Without the SDO Dry Seal



A&E Form 1		Copy for Registration Officer	
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; padding: 5px; width: 15%;">           1x1 ID Photo with Name Tag         </div> <div style="text-align: center;">           Republic of the Philippines            Department of Education  <b>BUREAU OF EDUCATION ASSESSMENT</b>            2nd Fl., Bonifacio Bldg., Meralco Ave., Pasig City 1600         </div> </div>			
<b>ACCREDITATION AND EQUIVALENCY (A&amp;E) TEST</b> <small>Registration Form</small>			
Write Legibly. Put X on the applicable items.		Registration Date	
Surname		Given Name	
Birthdate Month Day Year		Learner Reference Number	
Home Address		Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Region <input type="text"/> Division <input type="text"/> Learning Center <input type="text"/>	
ALS Program Completed (Pks. Specify)		A&E Test Applying for <input type="checkbox"/> Elementary Level <input type="checkbox"/> 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 <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Portfolio Rating Certification <input type="checkbox"/> ALS Program Certification (if any) <input type="checkbox"/> Proof of Birth (NBI, Passport, Any legal Documents)			
A&E Form 2		Applicant's Copy	
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; padding: 5px; width: 15%;">           1x1 ID Photo with Name Tag         </div> <div style="text-align: center;">           Republic of the Philippines            Department of Education  <b>BUREAU OF EDUCATION ASSESSMENT</b>            2nd Fl., Bonifacio Bldg., Meralco Ave., Pasig City 1600         </div> </div>			
<b>ACCREDITATION AND EQUIVALENCY (A&amp;E) TEST</b> <small>Registration Form</small>			
Write Legibly. Put X on the applicable items.		Registration Date	
Surname		Given Name	
Birthdate Month Day Year		Learner Reference Number	
Home Address		Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Region <input type="text"/> Division <input type="text"/> Learning Center <input type="text"/>	
ALS Program Completed (Pks. Specify)		A&E Test Applying for <input type="checkbox"/> Elementary Level <input type="checkbox"/> 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 <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Portfolio Rating Certification <input type="checkbox"/> ALS Program Certification (if any) <input type="checkbox"/> Proof of Birth (NBI, Passport, Any legal Documents)			



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Division of \_\_\_\_\_  
**Accreditation and Equivalency (A&E) Test**  
List of Registrants



Testing Center: \_\_\_\_\_

Address: \_\_\_\_\_

Region & Division Code: \_\_\_\_\_

A&E Test Level: ELEMENTARY

Summary of Registrants

M

Total: \_\_\_\_\_

F

No.	Name	Age	Birthdate	Gender	Documents Submitted (Check the appropriate Column)			Program
					ALS Course Certificate	Proof of Identity	Proof of Birth	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

Prepared by:

Evaluated by:

Registration Officer (Signature Over Printed Name)

Division Testing Coordinator (Signature over Printed Name)

Certified True and Correct:

Schools Division Superintendent (Signature Over Printed Name)





Republic of the Philippines  
Department of Education

Region \_\_\_\_\_

Division of \_\_\_\_\_

Accreditation and Equivalency (A&E) Test  
List of Registrants



Testing Center: \_\_\_\_\_

Address: \_\_\_\_\_

Region & Division Code: \_\_\_\_\_

A&E Test Level: JUNIOR HIGH SCHOOL

Summary of Registrants M \_\_\_\_\_

Total: \_\_\_\_\_

F

No.	Name	Age	Birthdate	Gender	Documents Submitted (Check the appropriate column)			Program
					ALS Course Certificate	Proof of Identity	Proof of Birth	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

Prepared by:

Evaluated by:

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## **Accreditation and Equivalency Test Registration Committee**

**Chairman:** Fely Ocumen

**Co-Chairman:** Roxanne Pernia

### **Support Staff**

Magdalena Lagrosas

Abel Tutor

Genalyn Obcemea