



Republic of the Philippines
Department of Education
REGION III – CENTRAL LUZON
SCHOOLS DIVISION OFFICE - SCIENCE CITY OF MUÑOZ

30 September 2025

SCHOOLS DIVISION MEMORANDUM

No. 307 s. 2025

**ALTERNATIVE LEARNING SYSTEM (ALS) ACCREDITATION AND
EQUIVALENCY (A&E) TEST REGISTRATION**

To: Assistant Schools Division Superintendent
Chief Education Supervisors
ALS Education Program Supervisor/Focal Person
Education Program Specialist II for ALS
ALS Teachers
All Others Concerned

1. Relative to the advisory titled *Guidelines on the 2025 Accreditation and Equivalency (A&E) Test Registration*, this Office through the Curriculum and Implementation Division (CID), announces the registration period for the administration of the 2025 A&E Test on September 29, 2025 to November 4, 2025.
2. This activity aims to:
 - a. check the veracity and authenticity of the documents of ALS A&E Registrants,
 - b. account the number of qualified A&E Test takers in the division, and
 - c. prepare A&E registrants for the upcoming 2025 A&E Test.
3. Registration shall be held in different Community Learning Centers (CLCs) where the applicants wish to register. ALS teachers are advised to conduct an orientation on the test registration application among qualified ALS A&E Registrants in their respective CLCs. ALS teachers shall check the completeness and authenticity of the documents submitted before the qualified registrants fill out the A&E Forms prior to the submission to the registration officer.
4. The following are the designated Division A&E Test Registration Officers:
 - a. LEILANI D. TIDALGO EdD Division Testing Coordinator (DTC)
 - b. NOVALYN C. RODOLFO EdD Division A&E Test Registration Officer
 - c. EDGARDO G. SAN ANDRES, JR. CLC A&E Test Registration Officer
5. Registrant's documents shall be attached to the A&E Test Registration Form and shall be submitted upon verification and validation of the registration officer prior to submission of final list of registrant to the Division Testing Coordinator (DTC).



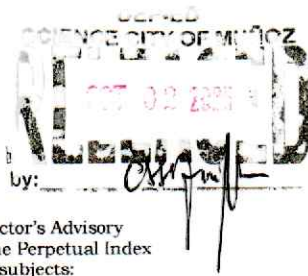
Loyal, Excellent, Accountable and Dedicated to Service
Address: Brgy. Rizal, Science City of Muñoz, 3119
Telephone No.: (044) 806 -2192;
Email Address: munozscience.city@deped.gov.ph
DSCM-QMS-QMR-QSF-007 Rev.04 (01.31.20)



Republic of the Philippines
Department of Education

REGION III – CENTRAL LUZON
SCHOOLS DIVISION OFFICE - SCIENCE CITY OF MUÑOZ

6. Enclosed with this Memorandum are the List of CLCs and address, and the template of the ALS A&E Test Registration Form.
7. For further inquiries and information, please contact the Division Testing Coordinator, Ms. Leilanie D. Tidalgo EdD, 09636009845, and ALS Division Focal Person, Ms. Novalyn C. Rodolfo EdD, 09260147573.
8. Immediate and wide dissemination of this Memorandum is earnestly desired.



JOHANNA N. GERVACIO PhD CESO V
Schools Division Superintendent

Encl.: as stated
Reference: BAE Director's Advisory
To be indicated in the Perpetual Index
Under the following subjects:

ACCREDITATION AND EQUIVALENCY (A&E) TEST

CID/NCR/EGS/ALTERNATIVE LEARNING SYSTEM (ALS)

ACCREDITATION AND EQUIVALENCY (A&E) TEST REGISTRATION

001/September 30, 2025



Loyal, Excellent, Accountable and Dedicated to Service

Address: Brgy. Rizal, Science City of Muñoz, 3119

Telephone No.: (044) 806 -2192;

Email Address: munozscience.city@deped.gov.ph

DSCM-QMS-QMR-QSF-007 Rev.04 (01.31.20)



Republic of the Philippines
Department of Education
REGION III – CENTRAL LUZON
SCHOOLS DIVISION OFFICE - SCIENCE CITY OF MUÑOZ

Enclosure No. 1 to the Division Memorandum No. 307, S. 2025

LIST OF COMMUNITY LEARNING CENTERS

NO.	COMMUNITY LEARNING CENTERS	ADDRESS
1	Bantug Community Learning Center	Bukang Liwayway, Bantug, Science City of Munoz
2	Linglingay Community Learning Center	Linglingay Elementary School, Linglingay, Science City of Munoz
3	Poblacion East Community Learning Center	Munoz Central School, Science City of Munoz
4	San Felipe Community Learning Center	Barangay Hall, San Felipe, Science City of Munoz
5	Maliagaya Community Learning Center	Barangay Hall, Maligaya, Science City of Munoz
6	Palusapis Community Learning Center	Barangay Hall, Palusapis, Science City of Munoz
7	San Antonio Community Learning Center	San Anyonio Integrated School, Science City of Munoz
8	Villa Cuizon Community Learning Center	Barangay Hall, Villa Cuizon, Science City of Munoz
9	Rizal Community Learning Center	Barangay Hall, Rizal, Science City of Munoz



Loyal, Excellent, Accountable and Dedicated to Service
Address: Brgy. Rizal, Science City of Muñoz, 3119
Telephone No.: (044) 806 -2192;
Email Address: munozscience.city@deped.gov.ph
DSCM-QMS-QMR-QSF-007 Rev.04 (01.31.20)



Republic of the Philippines
Department of Education
REGION III – CENTRAL LUZON
SCHOOLS DIVISION OFFICE - SCIENCE CITY OF MUÑOZ

Enclosure No. 2 to the Division Memorandum No. 367, S. 2025

A&E Form 1		Copy for Registration Officer	
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	
Last Name		First Name	
M.I.			
Birthdate		Learner Reference Number	
Month	Day	Year	
Home Address		Civil Status	
		Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/>	
		Sex	
		Male <input type="checkbox"/> Female <input type="checkbox"/>	
Region		Division	
Learning Center			
ALS Program Enrolled/Completed (Pls. Specify)		A&E Test Applying for	
		Elementary Level <input type="checkbox"/>	
		Junior High School <input type="checkbox"/>	
Proof of Identity		Testing Center	
Contact Number			
I certify that I validated the information supplied by the applicant in this form based on the required attachments.		I certify that all information in this form are TRUE and CORRECT.	
Registration Officer's Signature Over Printed Name		Applicant's Signature Over Printed Name	
Required Attachments		Birth Certificate <input type="checkbox"/>	
Proof of Birth Date (Any legal document) <input type="checkbox"/>		Certification of Portfolio <input type="checkbox"/>	
		Certification of Additional Intervention (if any) <input type="checkbox"/>	
A&E Form 1		Applicant's Copy	
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	
Last Name		First Name	
M.I.			
Birthdate		Learner Reference Number	
Month	Day	Year	
Home Address		Civil Status	
		Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/>	
		Sex	
		Male <input type="checkbox"/> Female <input type="checkbox"/>	
Region		Division	
Learning Center			
ALS Program Enrolled/Completed (Pls. Specify)		A&E Test Applying for	
		Elementary Level <input type="checkbox"/>	
		Junior High School <input type="checkbox"/>	
Proof of Identity		Testing Center	
Contact Number			
I certify that I validated the information supplied by the applicant in this form based on the required attachments.		I certify that all information in this form are TRUE and CORRECT.	
Registration Officer's Signature Over Printed Name		Applicant's Signature Over Printed Name	
Required Attachments		Birth Certificate <input type="checkbox"/>	
Proof of Birth Date (Any legal document) <input type="checkbox"/>		Certification of Portfolio <input type="checkbox"/>	
		Certification of Additional Intervention (if any) <input type="checkbox"/>	