

### 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

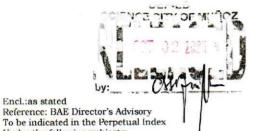
DSCM-QMS-QMR-QSF-007 Rev.04 (01.31.20)



### 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

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

Encl.:as stated





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)



### 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,<br>Science City of Munoz                     |
| 2   | Linglingay Community Learning Center     | Linglingay Elementary<br>School, Linglingay, Science<br>City of Munoz |
| 3   | Poblacion East Community Learning Center | Munoz Central School,<br>Science City of Munoz                        |
| 4   | San Felipe Community Learning Center     | Barangay Hall, San Felipe,<br>Science City of Munoz                   |
| 5   | Maliagaya Community Learning Center      | Barangay Hall, Maligaya,<br>Science City of Munoz                     |
| 6   | Palusapis Community Learning Center      | Barangay Hall, Palusapis,<br>Science City of Munoz                    |
| 7   | San Antonio Community Learning Center    | San Anyonio Integrated<br>School, Science City of<br>Munoz            |
| 8   | Villa Cuizon Community Learning Center   | Barangay Hall, Villa Cuizon,<br>Science City of Munoz                 |
| 9   | Rizal Community Learning Center          | Barangay Hall, Rizal, Science<br>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)



### 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

| Republic of the Philippines Department of Education BUREAU of Education BUREAU of Education Assessment 2m Fir. Bonitation Bigg. Meralon Ave. Pasig City 1600  ACCREDITATION AND EQUIVALENCY (A&E) TEST Registration Form Registration Form Registration Form Bistribalian | PE Form t   | Combination Office   |
|--|---|--|
| Department of Education With Name Tag  SurRALO FEDUCATION ASSESSMENT 2nd Fir., Bonifacio Bidg , Meralco Ave., Pasig City 1600  ACCREDITATION AND EQUIVALENCY (A&E) TEST Registration Date  Last Name   Registration Date   Registration Date   Registration Date   | az romii  | Copy for Registration Office   |
| Department of Education with Name Tag  BUREAU OF EDUCATION ASSESSMENT 2nd Fir., Bonifacio Bidg., Meralco Ave., Pasig City 1600  ACCREDITATION AND EQUIVALENCY (A&E) TEST Registration Date  Last Name  Last Name  Birthdate  Learner Reference Number  Civil Status  Sex Marie  Birthdate  Learner Reference Number  Last Name  Learner Reference Number  Curl Status  Sex Marie  Froat  Maried  Separated  Maried  Formation  Separated  Maried  Separated  AE Test Applying for  Learner  Certify that all information in this form are TRUE and CORRECT.  Applicant's Signature Over Printed Name  Required Attachments  Birth Certificate  Proof of farth Date (Ary legal document)  Separated  Certification of Portfolio  Certification of Portfolio  Certification of Additional Intervention (if any)  ABE Form 1  Regulated Formation Supplied by The Separated Separated  BUREAU OF EDUCATION ASSESSMENT  Regulation Form  Suprature Of Education Assessment  Regulation Form  Suprature Of Education Assessment  Regulation Form  Suprature Of Education Assessment  Regulation Form  ACCREDITATION AND EQUIVALENCY (ASE) TEST  Registration Date  First Name  Maried  Separated  Maried  Separated  First Name  Maried  Separated  Maried  Separated  Separated  First Name  Maried  Separated  Maried  Separated  First Name  Maried  Separated  ASE Test Applying for  Elementary Level  Jurior High School  Fermatic Number  Learner Reference Number  Learner Reference Number  Learner Reference Number  Learner Reference Number  Civil Status  Sex  Maried  First Name  ASE Test Applying for  Elementary Level  Jurior High School  Firence Tested Completed (Pis. Speci |   |  |
| ACCREDITATION AND EQUIVALENCY (A&E) TEST Registration Pole    Registration Date   Registration Date   Registration Date  | Control and Control and Control   | Department of Education  |
| ACCREDITATION AND EQUIVALENCY (A&E) TEST Registration Form    Registration Date  |   | BUREAU OF EDUCATION ASSESSMENT   |
| Write Legibly, Put X on the applicable items.  Last Name  Learner Reference Number  Learner Reference Number  Home Address  Sex Made  Front Single  Married  Separated  Married  Certification of Portfisio  Certification of Portfisio  Certification of Portfisio  Certification of Additional Intervertion (if any)  Applicant's Copy  Republic of the Philippines  Deparatement of Education  Surral Ure Floor Floor  BURAL Ure Floor Floor Floor  Surral Ure Floor  BURAL Ure Floor Floor  Surral Ure Floor  ACCREDITATION AND EQUIVALENCY (ASE) TEST  Registration Date  Last Name  Learner Reference Number  Civil Status  Sex.  Marie  First Name  Married  Learner Reference Number  Civil Status  Sex.  Marie  Front  Learner Reference Number  Learner Reference Number | Name Tag  | 2nd Fir., Bonifacio Bidg., Meralco Ave., Pasig City 1600   |
| Write Legibly, Put X on the applicable items.  Last Name  Learner Reference Number  Home Address    Learner Reference Number   Single   Married   Separated  |   | ACCREDITATION AND FOLIVAL ENCY (A&E) TEST  |
| Last Name  Learner Reference Number  Civil Status  Separated  Birthdate  Learner Reference Number  Civil Status  Separated  Maried  Fernali  Centric Testing Center  Centric Signature Over Printed Name  Centrication of Portfolio  Certification of Portfolio  Certification of Portfolio  Certification of Additional Intervention (if any)  ABE Form 1  Regulated Attachments  Supplicant's Copy  Republic of the Philippines  Department of Education  SureAu Or EDUCATION ASSESSMENT  2nd Fir. Sendraco Ner. Pasig City 1500  ACCREDITATION AND EQUIVALENCY (A&E) TEST  Registration Form  Write Legibly, Put X on the applicable Bens  Last Name  Learner Reference Number  Civil Status  Sex  Marie  Format  A&E Test Apptying for  Elementary Level  Junior High School  Center  Center  Learning  Center  Learning  Learning |   | Registration Form  |
| Birthdate   Learner Reference Number   Single   Marned   Separated   Male  | Write Legibly, Put X on   | Tie  |
| Make   Separated   Make   Separated   Make   Separated   Make   Separated   Make   Separated   Separ   |   | Last Name First Name M   |
| Make   Separated   Make   Separated   Make   Separated   Make   Separated   Make   Separated   Separ   |   |  |
| Marked   Separated   Sepa   |   | Cultura  |
| Home Address   Home Address   Female   Registration   Division     |   | Cearlier Relation Ration   |
| Learning    | Month Day Year  |  |
| A&E Test Applying for  |   | Home Address   |
| A&E Test Applying for  | Parion Divisi   | Learning   |
| A&E Test Applying for  | • — —   | Center   |
| Junior High School   | ALS Program Enrolled/   |  |
| Proof of Identity Contact Number    I certify that I validated the information supplied by the applicant in this form based on the required attachments.   |   |  |
| Centrate Number   Centrate N   |   | Junior High Schoo  |
| Centrate Number   Centrate N   | Droof of Identity   |  |
| Certify that I validated the information supplied by the applicant in this form based on the required attachments.   |   | Testing Center   |
| applicant in this form based on the required attachments.  Registration Officer's Signature Over Printed Name  Required Attachments  Birth Certificate Proof of Birth Date (Any legal document)  ASE Form 1  Applicant's Signature Over Printed Name  Certification of Portfolio Certification of Additional Intervention (if any)  ASE Form 1  Applicant's Copy  Republic of the Philippines Department of Education With Name Tag  ACCREDITATION AND EQUIVALENCY (A&E) TEST Registration Form  Write Legibly. Put X on the applicable items  Last Name  Birthdate Learner Reference Number  ASE Test Applying for  Birthdate Horner Address  Region  Division  Learning Center  ASE Test Applying for  Elementary Level Junior High School  Proof of Identity Contact Number  Lourly that I validated the information supplied by the applicant in this form based on the required attachments  Registration Officer's Signature Over Printed Name  Certification of Portfolio  Certification of Portfolio   | Contact Number  |  |
| applicant in this form based on the required attachments.  Registration Officer's Signature Over Printed Name  Required Attachments  Birth Certificate Proof of Birth Date (Any legal document)  Republic of the Philippines Department of Education With Name Tag  Republic of the Philippines Department of Education With Name Tag  Registration Port  ACCREDITATION AND EQUIVALENCY (A&E) TEST Registration Date  Last Name  Registration Date  Registration Date  Registration Date  Registration Date  Last Name  Birthdate Month Day Vear Hormus Address  Registration  Division  Learning Center  A&E Test Applying for  Elementary Level Junior High School  Proof of Identity  Testing Center  Loarlify that I validated the information supplied by the applicant in this form based on the required attachments  Registration Officer's Signature Over Printed Name  Required Attachments  Birth Certificate  I certify that all information in this form are TRUE and CORRECT.  Applicant's Signature Over Printed Name  I certify that all information in this form are TRUE and CORRECT.  Applicant's Signature Over Printed Name  Certification of Portfolio   | I certify that I valida   | ted the information supplied by the  |
| Registration Officer's Signature Over Printed Name  Required Attachments  Birth Certificate Proof of Birth Date (Any legal document)  Republic of the Philippines Department of Education With Name Tag  Republic of the Philippines Department of Education BUREAU OF EDUCATION ASSESSMENT 2nd Fir., Bonitacio Bidg., Meralco Ave., Pasig City 1600  ACCREDITATION AND EQUIVALENCY (A&E) TEST Registration Porm  Write Legibly. Put X on the applicable items.  Last Name  Last Name  Registration Date  Birthdate Learner Reference Number  Registration Date  Registration Date  Learning Center  Lea | applicant in th   | is form based on the required  |
| Required Attachments   Birth Certificate   Certification of Portfolio   Certification of Additional Intervention (if any)    ASE Form 1  |   |  |
| Required Attachments   Birth Certificate   Certification of Portfolio   Certification of Additional Intervention (if any)    ASE Form 1  |   | A STATE OF THE PARTY OF THE PAR |
| Required Attachments Birth Certificate Proof of Birth Date (Any legal document) Certification of Portfolio Certification of Additional Intervention (if any)  ASE Form 1 Applicant's Copy  Republic of the Philippines Department of Education With BUREAU OF EDUCATION ASSESSMENT Name Tag ACCREDITATION AND EQUIVALENCY (A&E) TEST Registration Form  Write Legibly, Put X on the applicable items Registration Date First Name Minorial Surplications Form  Write Legibly, Put X on the applicable items Registration Date First Name Minorial Surplications Form  Write Legibly Put X on the Address Registration Date First Name Minorial Surplications Form  Write Legibly Put X on the Address Registration Date First Name Minorial Surplications Form Minorial Surplications Form Address Registration Date First Name Minorial Surplications Address Registration Date First Name Minorial Surplications Address Registration Date Format Intervention (if any)  Birth Certification of Portfolio Proof of Identity Intervention of Portfolio Proof of Identity Surplicant in this form based on the required attachments Applicant's Signature Over Printed Name Required Attachments Birth Certificate Certification of Portfolio  | Panistration Office   |  |
| Proof of Birth Date (Any legal document)  Proof of Birth Date (Any legal document)  ABE Form 1  Applicant's Copy  Republic of the Philippines Department of Education BUREAU OF EDUCATION ASSESSMENT 2nd Fir., Bonifacio Bidg., 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 Month Day Year Horne Address  Registration  Birthdate Horne Address  Region Division  Learning Center  A&E Test Applying for  Elementary Level Junior High School  Proof of Identity Contact Number  Lostify that I validated the information supplied by the applicant in this form based on the required attachments. Registration Officer's Signature Over Printed Name  Required Attachments Birth Certificate  Certification of Portfolio  | registration Office   | of organization of the first of |
| Proof of Birth Date (Any legal document)  ABE Form 1  Applicant's Copy  Republic of the Philippines Department of Education BUREAU OF EDUCATION ASSESSMENT Name Tag  ACCREDITATION AND EQUIVALENCY (A&E) TEST Registration Form  Write Legibly. Put X on the applicable items.  Last Name  Birthdate Learner Reference Number  Civil Status  Sex Month Day Year Hornes Address  Hornes Address  Learning Center  A&E Test Applying for  Learning Center  Lourity that I validated the information supplied by the applicant in this form based on the required attachments.  Registration Officer's Signature Over Printed Name  Required Attachments  Birth Certificate  Certification of Additional Intervention of Application of Application of Portfolio  | Required Attachment   | s Birth Certificate Certification of Portfolio   |
| Republic of the Philippines Department of Education With Name Tag  Republic of the Philippines Department of Education BUREAU OF EDUCATION ASSESSMENT 2nd Fir., Bonifacio Bidg., Meralco Ave., Pasig City 1600  ACCREDITATION AND EQUIVALENCY (A&E) TEST Registration Form  Write Legibly, Put X on the applicable items. Last Name First Name Month Day First Name First Name Month Day First Name Month Day Fear Home Address Learner Reference Number Civil Status Sex Martied Separated Male Femal  A&E Test Applying for Learning Center  Learning Learning Center  Learning Cente | - Jun and - Million Holl  |  |
| Republic of the Philippines Department of Education With Name Tag  Republic of the Philippines Department of Education BUREAU OF EDUCATION ASSESSMENT 2nd Fir., Bonifacio Bidg., Meralco Ave., Pasig City 1600  ACCREDITATION AND EQUIVALENCY (A&E) TEST Registration Form  Write Legibly. Put X on the applicable items  Last Name  Registration Date  Last Name  Registration Date  Last Name  Registration Date  First Name  Mithidate Morth Day  Year  Home Address  Region  Division  Learning Center  A&E Test Applying for  Elementary Level Junior High School  Proof of Identity Contact Number  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  Required Attachments  Birth Certificate  Certification of Portfolio  |   | Proof or earn Date (Any regal document) Certification of Additional Intervention (if any)  |
| Republic of the Philippines Department of Education BUREAU OF EDUCATION ASSESMENT 2nd Fir., Bonifacio Bidg., Meralco Ave., Pasig City 1600  ACCREDITATION AND EQUIVALENCY (A&E) TEST Registration Form  Write Legibly. Put X on the applicable items. Last Name First Name Birthdate Learner Reference Number Civil Status Sex Marte Horme Address Region Division Learning Center  A&E Test Applying for Junior High School  Proof of Identity Contact Number  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  Required Attachments Birth Certificate  Certification of Portfolio   |   | Proof or earth Date (Any regal document) Certification of Additional Intervention (if any)   |
| Department of Education with Name Tag  Department of Education BUREAU OF EDUCATION ASSESSMENT 2nd Fir., Bonifacio Bidg., Meralco Ave., Pasig City 1600  ACCREDITATION AND EQUIVALENCY (A&E) TEST Registration Form  Write Legibly. Put X on the applicable items.  Last Name First Name M.  Birthdate Learner Reference Number Civil Status Sex Month Day Year Horms Addresss  Registration Date  Learning Center  A&E Test Applying for Junior High School  Proof of Identity Contact Number  Learning Center  A&E Test Applying for Learning Learning Center  Learning Center  Learning Center  Learning Center  A&E Test Applying for  | A&E Form 1  |  |
| Write Legibly. Put X on the applicable items  Last Name  Birthdate  Learner Reference Number  Birthdate  Horne Addresss  Registration  Learning Center  Learning Center  Lostify that I validated the information supplied by the applicant in this form based on the required attachments  Registration of Portfolio  Registration Date  First Name  First Name  First Name  First Name  Male Female  Sex Month Day  Year  Learning Center  Agentication of Portfolio  Learning Center  Agentication in this form are TRUE and CORRECT.  Applicant's Signature Over Printed Name   | A&E Form 1  | Applicant's Copy   |
| Name Tag  2nd Fir., Bonifacio Bidg., Meratco Ave., Pasig City 1600  ACCREDITATION AND EQUIVALENCY (A&E) TEST Registration Form  Write Legibly. Put X on the applicable items.  Last Name  First Name  Registration Date  Learner Reference Number  Single  Married  Separated  Male Female  Region  Division  Learning Center  A&E Test Applying for  Elementary Level Junior High School  Proof of Identity Contact Number  Loarlify that I validated the information supplied by the applicant in this form based on the required attachments  Registration Officer's Signature Over Printed Name  Required Attachments  Birth Certificate  Certification of Portfolio   |   | Applicant's Copy  Republic of the Philippines  |
| ACCREDITATION AND EQUIVALENCY (A&E) TEST Registration Form  Write Legibly. Put X on the applicable items  Last Name  Birthdate  Learner Reference Number  Last Name  First Name  Maried  Separated  Maried  Fermale  Region  Division  Learning Center  ALS Program Enrolled/Completed (Pls. Specify)  - A&E Test Applying for  Junior High School  Proof of Identity Contact Number  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  Required Attachments  Birth Certificate  Certification of Portfolio   | 1x1 ID Photo  | Applicant's Copy  Republic of the Philippines Department of Education  |
| Registration Form   Registration Date   Registration Date   Last Name   First Name   M   M   M   M   M   M   M   M   M   | 1x1 ID Photo<br>with  | Applicant's Copy  Republic of the Philippines Department of Education BUREAU OF EDUCATION ASSESSMENT   |
| Registration Form   Registration Date   Registration Date   Last Name   First Name   M   M   M   M   M   M   M   M   M   | 1x1 ID Photo<br>with  | Applicant's Copy  Republic of the Philippines Department of Education BUREAU OF EDUCATION ASSESSMENT   |
| Birthdate  Learner Reference Number  Birthdate  Learner Reference Number  Civil Status  Sex  Month Day Year  Horne Addresss  Learning Center  Learning Center  Learning Center  A&E Test Applying for  Licertify that I validated the information supplied by the applicant in this form based on the required attachments  Registration Date  First Name  M. M.  Male Female  Sex  Male Female  Female  Learning Center  Lear | 1x1 ID Photo<br>with  | Applicant's Copy  Republic of the Philippines Department of Education BUREAU OF EDUCATION ASSESSMENT 2nd Fir., Bonifacio Bidg., Meralco Ave., Pasig City 1600  |
| Birthdate Learner Reference Number Civil Status Sex Month Day Year Horne Address Region Division Learning Center  A&E Test Applying for Junior High School  Proof of Identity Contact Number  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  Required Attachments Birth Certificate    Certification of Portfolio   | 1x1 ID Photo<br>with  | Republic of the Philippines Department of Education BUREAU OF EDUCATION ASSESSMENT 2nd Fir., Bonifacio Bidg., Meralco Ave., Pasig City 1600  ACCREDITATION AND EQUIVALENCY (A&E) TEST  |
| Birthdate  Learner Reference Number  Single  Married  Separated  Male  Female  Region  Division  Division  Learning Center  A&E Test Applying for  Junior High School  Proof of Identity Contact Number  Testing Center  Learning C | 1x1 ID Photo<br>with<br>Name Tag  | Republic of the Philippines Department of Education BUREAU OF EDUCATION ASSESSMENT 2nd Fir., Bonifacio Bldg., Meralco Ave., Pasig City 1600  ACCREDITATION AND EQUIVALENCY (A&E) TEST Registration Form  |
| Morth Day Year Home Addresss Single Married Separated Female  Region Division Learning Center  A&E Test Applying for Elementary Level Junior High School  Proof of Identity Contact Number 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 Required Attachments  Birth Certificate Certification of Portfolio  | 1x1 ID Photo<br>with<br>Name Tag  | Republic of the Philippines Department of Education BUREAU OF EDUCATION ASSESSMENT 2nd Fir., Bonifacio Bidg., Meralco Ave., Pasig City 1600  ACCREDITATION AND EQUIVALENCY (A&E) TEST Registration Form the applicable items   |
| Morth Day Year Home Addresss Single Married Separated Female  Region Division Learning Center  A&E Test Applying for Elementary Level Junior High School  Proof of Identity Contact Number 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 Required Attachments  Birth Certificate Certification of Portfolio  | 1x1 ID Photo<br>with<br>Name Tag  | Republic of the Philippines Department of Education BUREAU OF EDUCATION ASSESSMENT 2nd Fir., Bonifacio Bidg., Meralco Ave., Pasig City 1600  ACCREDITATION AND EQUIVALENCY (A&E) TEST Registration Form the applicable items   |
| Morth Day Year Home Addresss Single Married Separated Female  Region Division Learning Center  A&E Test Applying for Elementary Level Junior High School  Proof of Identity Contact Number 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 Required Attachments  Birth Certificate Certification of Portfolio  | 1x1 ID Photo<br>with<br>Name Tag  | Republic of the Philippines Department of Education BUREAU OF EDUCATION ASSESSMENT 2nd Fir., Bonifacio Bidg., Meralco Ave., Pasig City 1600  ACCREDITATION AND EQUIVALENCY (A&E) TEST Registration Form the applicable items   |
| Region   Division   Learning   Center    ALS Program Enrolled/Completed (Pls. Specify)   - A&E Test Applying for   Elementary Level   Junior High School    Proof of Identity   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   Required Attachments   Birth Certificate   Certification of Portfolio   | 1x1 ID Photo<br>with<br>Name Tag  | Republic of the Philippines Department of Education BUREAU OF EDUCATION ASSESSMENT 2nd Fir., Bonifacio Bldg., Meralco Ave., Pasig City 1600  ACCREDITATION AND EQUIVALENCY (A&E) TEST Registration Form  ithe applicable items. Registration Date  Last Name First Name N  |
| Center   Context   Conte   | 1x1 ID Photo with Name Tag  Write Legibly. Put X on Birthdate   | Republic of the Philippines Department of Education BUREAU OF EDUCATION ASSESSMENT 2nd Fir., Bonifacio Bidg., Meralco Ave., Pasig City 1600  ACCREDITATION AND EQUIVALENCY (A&E) TEST Registration Form  I the applicable items Last Name First Name N  Learner Reference Number Civil Status Sex  |
| A&E Test Applying for Elementary Level Junior High School  Proof of Identity Contact Number 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   Required Attachments     Birth Certificate   Certification of Portfolio  | 1x1 iD Photo with Name Tag  Write Legibly. Put X on Birthdate   | Republic of the Philippines Department of Education BUREAU OF EDUCATION ASSESSMENT 2nd Fir., Bonifacio Bidg., Meralco Ave., Pasig City 1600  ACCREDITATION AND EQUIVALENCY (A&E) TEST Registration Form  the applicable items Registration Date Last Name First Name N  Learner Reference Number Civil Status Sex Male   |
| A&E Test Applying for Elementary Level Junior High School  Proof of Identity Contact Number 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   Certification of Portfolio  | 1x1 iD Photo with Name Tag  Write Legibly. Put X on Birthdate   | Republic of the Philippines Department of Education BUREAU OF EDUCATION ASSESSMENT 2nd Fir., Bonifacio Bidg., Meralco Ave., Pasig City 1600  ACCREDITATION AND EQUIVALENCY (A&E) TEST Registration Form  the applicable items Registration Date Last Name First Name N  Learner Reference Number Civil Status Sex Male   |
| A&E Test Applying for Eiementary Level Junior High School  Proof of Identity Contact Number  Testing Center  Lostrify that I validated the information supplied by the applicant in this form based on the required attachments.  Registration Officer's Signature Over Printed Name  Required Attachments  Birth Certificate  Certification of Portfolio  | 1x1 ID Photo with Name Tag  Write Legibly: Put X on  Birthdate Month Day Year   | Republic of the Philippines Department of Education BUREAU OF EDUCATION ASSESSMENT 2nd Fir., Bonifacio Bidg., Meralco Ave., Pasig City 1600  ACCREDITATION AND EQUIVALENCY (A&E) TEST Registration Form  Ithe applicable items. Registration Date Last Name First Name N  Learner Reference Number Civil Status Separated Male Horne Address Single Married Separated Fema   |
| A&E Test Applying for Elementary Level Junior High School  Proof of Identity Contact Number  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  Required Attachments  Birth Certificate  Certification of Portfolio  | 1x1 ID Photo with Name Tag  Write Legibly: Put X on Birthdate Month Day Year  | Republic of the Philippines Department of Education BUREAU OF EDUCATION ASSESSMENT 2nd Fir., Bonifacio Bidg., Meralco Ave., Pasig City 1600  ACCREDITATION AND EQUIVALENCY (A&E) TEST Registration Form  In the applicable items Last Name Registration Date Learner Reference Number Single Married Separated Horma Addresss Learning Learning  |
| Junior High School  Proof of Identify Contact Number  Testing Center  Tourlify that I validated the information supplied by the applicant in this form based on the required attachments Registration Officer's Signature Over Printed Name  Required Attachments Birth Certificate  Certification of Portfolio  | 1x1 ID Photo with Name Tag  Write Legibly. Put X on  Birthdate Month Day Year  Region Divis   | Republic of the Philippines Department of Education BUREAU OF EDUCATION ASSESSMENT 2nd Fir., Bonifacio Bidg., Meralco Ave., Pasig City 1600  ACCREDITATION AND EQUIVALENCY (A&E) TEST Registration Form  the applicable items Last Name First Name Learner Reference Number Learner Reference Number Learning Center  Applicant's Copy  Registration  Single Married Separated Male Ferma  |
| Testing Center    Testing Center   | 1x1 ID Photo with Name Tag  Write Legibly. Put X on  Birthdate Month Day Year  Region Divis   | Republic of the Philippines Department of Education BUREAU OF EDUCATION ASSESSMENT 2nd Fir., Bonifacio Bidg., Meralco Ave., Pasig City 1600  ACCREDITATION AND EQUIVALENCY (A&E) TEST Registration Form  Ithe applicable items. Registration Date Last Name First Name N  Learner Reference Number Civil Status Separated Male Horne Address  Learning Center  Completed (Pls. Specify)  |
| Testing Center    Testing Center   | 1x1 ID Photo with Name Tag  Write Legibly. Put X on  Birthdate Month Day Year  Region Divis   | Republic of the Philippines Department of Education BUREAU OF EDUCATION ASSESSMENT 2nd Fir., Bonifacio Bidg., Meralco Ave., Pasig City 1600  ACCREDITATION AND EQUIVALENCY (A&E) TEST Registration Form  Ithe applicable items. Registration Date Last Name First Name N  Learner Reference Number Civil Status Separated Maried Separated Male Horne Address Separated Fema   |
| 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  Required Attachments  Birth Certificate    Certification of Portfolio  | 1x1 ID Photo with Name Tag  Write Legibly. Put X on  Birthdate Month Day Year  Region Divis   | Republic of the Philippines Department of Education BUREAU OF EDUCATION ASSESSMENT 2nd Fir., Bonifacio Bidg., Meralco Ave., Pasig City 1600  ACCREDITATION AND EQUIVALENCY (A&E) TEST Registration Form  Learner Reference Number  Learner Reference Number  Learner Reference Number  Learner Reference Number  Learning Completed (Pls. Specify)  A&E Test Applying for  Elementary Level  |
| applicant in this form based on the required attachments  Registration Officer's Signature Over Printed Name  Applicant's Signature Over Printed Name  Required Attachments  Birth Certificate  Certification of Portfolio   | 1x1 ID Photo with Name Tag  Write Legibly. Put X on  Birthdate Month Day Year  Region Divis  ALS Program Enrolled.  | Republic of the Philippines Department of Education BUREAU OF EDUCATION ASSESSMENT 2nd Fir., Bonifacio Bidg., Meralco Ave., Pasig City 1600  ACCREDITATION AND EQUIVALENCY (A&E) TEST Registration Form  Ithe applicable items Last Name First Name N  Learner Reference Number Civil Status Sex Maried Horne Address Learning Center  Completed (Pls. Specify)  A&E Test Applying for Elementary Level Junior High School   |
| applicant in this form based on the required attachments  Registration Officer's Signature Over Printed Name  Applicant's Signature Over Printed Name  Required Attachments  Birth Certificate  Certification of Portfolio   | 1x1 ID Photo with Name Tag  Write Legibly, Put X on  Birthdate Month Day Year  Ragion Divis  ALS Program Enrolled   | Republic of the Philippines Department of Education BUREAU OF EDUCATION ASSESSMENT 2nd Fir., Bonifacio Bidg., Meralco Ave., Pasig City 1600  ACCREDITATION AND EQUIVALENCY (A&E) TEST Registration Form  Ithe applicable items Last Name First Name N  Learner Reference Number Civil Status Sex Maried Horne Address Learning Center  Completed (Pls. Specify)  A&E Test Applying for Elementary Level Junior High School   |
| applicant in this form based on the required attachments  Registration Officer's Signature Over Printed Name  Applicant's Signature Over Printed Name  Required Attachments  Birth Certificate  Certification of Portfolio   | 1x1 ID Photo with Name Tag  Write Legibly, Put X on  Birthdate Month Day Year  Region Divis  ALS Program Enrolled:  | Republic of the Philippines Department of Education BUREAU OF EDUCATION ASSESSMENT 2nd Fir., Bonifacio Bidg., Meralco Ave., Pasig City 1600  ACCREDITATION AND EQUIVALENCY (A&E) TEST Registration Form  Ithe applicable items Last Name First Name N  Learner Reference Number Civil Status Sex Maried Horne Address Learning Center  Completed (Pls. Specify)  A&E Test Applying for Elementary Level Junior High School   |
| Registration Officer's Signature Over Printed Name  Applicant's Signature Over Printed Name  Required Attachments  Birth Certificate  Certification of Portfolio   | 1x1 ID Photo with Name Tag  Write Legibly. Put X on  Birthdate Month Day Year  Region Divis  ALS Program Enrolled.  Proof of Identity Contact Number  | Republic of the Philippines Department of Education BUREAU OF EDUCATION ASSESSMENT 2nd Fir., Bonifacio Bidg., Meralco Ave., Pasig City 1600  ACCREDITATION AND EQUIVALENCY (A&E) TEST Registration Form  I the applicable items Last Name First Name First Name Learner Reference Number Single Married Separated Male Fema  Completed (Pts. Specify)  Testing Center  Testing Center  |
| Required Attachments Birth Certificate Certification of Portfolio  | 1x1 ID Photo with Name Tag  Write Legibly. Put X on Birthdate Month Day Year  Region Divis  ALS Program Enrolled/   | Republic of the Philippines Department of Education BUREAU OF EDUCATION ASSESMENT 2nd Fir., Bonifacio Bidg., Meralco Ave., Pasig City 1600  ACCREDITATION AND EQUIVALENCY (A&E) TEST Registration Form  Ithe applicable items. Registration Date Last Name First Name N  Learner Reference Number Civil Status Separated Married Separated Male Horne Address Separated Femaleum  Learning Center  Completed (Pls. Specify)  A&E Test Applying for Elementary Level Junior High School   |
| Required Attachments Birth Certificate Certification of Portfolio  | 1x1 ID Photo with Name Tag  Write Legibly. Put X on Birthdate Month Day Year  Region Divis  ALS Program Enrolled/   | Republic of the Philippines Department of Education BUREAU OF EDUCATION ASSESMENT 2nd Fir., Bonifacio Bidg., Meralco Ave., Pasig City 1600  ACCREDITATION AND EQUIVALENCY (A&E) TEST Registration Form  Ithe applicable items. Registration Date Last Name First Name N  Learner Reference Number Civil Status Separated Married Separated Male Horne Address Separated Femaleum  Learning Center  Completed (Pls. Specify)  A&E Test Applying for Elementary Level Junior High School   |
|  | 1x1 ID Photo with Name Tag  Write Legibly. Put X on Birthdate Month Day Year Divise ALS Program Enrolled/   | Republic of the Philippines Department of Education BUREAU OF EDUCATION ASSESSMENT 2nd Fir., Bonifacio Bidg., Meralco Ave., Pasig City 1600  ACCREDITATION AND EQUIVALENCY (A&E) TEST Registration Form It the applicable items Last Name First Name First Name Learner Reference Number Single Married Separated Male Fema  Learning Completed (Pls. Specify)  A&E Test Applying for  Testing Center  I certify that all information in this form are TRUE and CORRECT.   |
|  | 1x1 ID Photo with Name Tag  Write Legibly. Put X on Birthdate Month Day Year Divise ALS Program Enrolled/   | Republic of the Philippines Department of Education BUREAU OF EDUCATION ASSESSMENT 2nd Fir., Bonifacio Bidg., Meralco Ave., Pasig City 1600  ACCREDITATION AND EQUIVALENCY (A&E) TEST Registration Form It the applicable items Last Name First Name First Name Learner Reference Number Single Married Separated Male Fema  Learning Completed (Pls. Specify)  A&E Test Applying for  Testing Center  I certify that all information in this form are TRUE and CORRECT.   |
| Proof of Birth Date (Any legal document)   Certification of Additional Intervention (if any)   | 1x1 ID Photo with Name Tag  Write Legibly. Put X on Birthdate  Month Day Year  Month Day Year  Divis  Region Divis  Proof of Identity  Contact Number  I contify that I valid applicant in this for                     | Republic of the Philippines Department of Education BUREAU OF EDUCATION ASSESSMENT 2nd Fir., Bonifacio Bidg., Meralco Ave., Pasig City 1600  ACCREDITATION AND EQUIVALENCY (A&E) TEST Registration Form It the applicable items Last Name First Name First Name Learner Reference Number Single Married Separated Male Fema  Learning Completed (Pls. Specify)  A&E Test Applying for  Testing Center  I certify that all information in this form are TRUE and CORRECT.   |
|  | 1x1 ID Photo with Name Tag  Write Legibly. Put X on Birthdate  Month Day Year  Region Divis  ALS Program Enrolled.  Proof of Identity  Contact Number  I certify that I valid applicant in this for Registration Office | Republic of the Philippines Department of Education BUREAU OF EDUCATION ASSESSMENT 2nd Fir., Bonifacio Bidg., Meralco Ave., Pasig City 1600  ACCREDITATION AND EQUIVALENCY (A&E) TEST Registration Form  The applicable items Last Name First Name Registration Date Learner Reference Number Single Married Separated Male Fema  Learning Completed (Pls. Specify)  A&E Test Applying for  Testing Center  Learning Center  A&E Test Applying for  ABE Test Applying for  Learning Center  Learning Center  Learning Center  Learning Center  Learning Center  ABE Test Applying for   |
|  | 1x1 ID Photo with Name Tag  Afrite Legibly Put X on Birthdate Month Day Year  Month Day Year  ALS Program Enrolled  Proof of Identity Contact Number  Lourity that Lvalid applicant in this for  Registration Office    | Republic of the Philippines Department of Education BUREAU OF EDUCATION ASSESSMENT 2nd Fir., Bonifacio Bidg., Meralco Ave., Pasig City 1600  ACCREDITATION AND EQUIVALENCY (A&E) TEST Registration Form  The applicable items Registration Date Last Name First Name First Name  Learner Reference Number Single Married Separated Male Fema  Completed (Pis. Specify)  A&E Test Applying for Elementary Level Junior High School  Testing Center  Learning Conter  Learning Cont |







Telephone No.: (044) 806 -2192;

Email Address: munozscience.city@deped.gov.ph
DSCM-QMS-QMR-QSF-007 Rev.04 (01.31.20)