



Republic of the Philippines  
**Department of Education**  
REGION XI  
SCHOOLS DIVISION OF PANABO CITY

**Office of the Schools Division Superintendent**

October 20, 2025

**ADVISORY**

The Schools Division of Panabo City through the Curriculum Implementation Division (CID), Alternative Learning System (ALS) announces the registration period for the administration of 2025 Accreditation and Equivalency (A&E) Test. This is pursuant to the Advisory from the Office of Director IV, Bureau of Education Assessment (BEA) titled, "Orientation on the Guidelines for the 2025 Accreditation and Equivalency (A&E) Test Registration and Administration".

The registration period relative to the A&E Test Administration shall be on **September 26 to November 4, 2025.**

Hereto is a copy of the Guidelines on the 2025 A&E Test Registration, for your reference.

Further, the following forms are also attached, to wit:

1. A&E Test Registration Form
2. Additional Intervention
3. List of Registrants

Immediate and wide dissemination of this Advisory is desired.

  
**JINKY B. FIRMAN, CESO VI**  
Schools Division Superintendent

Enclosed: As stated  
CID/je/jcc

**RELEASED**

**OCT 21 2025**

RECORDS SECTION-SDO PANABO CITY  
BY 



**Address:** City Hall Compound, Km 31, JP Laurel,  
Panabo City, Davao del Norte  
**Telephone No:** (084) 823-1469, (084) 628-4066  
**Email:** panabocity.division@depd.gov.ph

1x1 ID Photo  
with  
Name TagRepublic of the Philippines  
Department of Education  
**BUREAU OF EDUCATION ASSESSMENT**  
2nd Flr., Bonifacio Bldg., Meralco Ave., Pasig City 1600**Level**  
☐ Elementary  
☐ Junior High School**ACCREDITATION AND EQUIVALENCY (A&E) TEST**  
**Registration Form***Directions: Please complete this form in UPPERCASE LETTERS. Indicate your answer by marking (X) on the applicable items.*

Last Name										Registration Date										First Name										M.I.	
Birthdate			Learner Reference Number										Civil Status										Sex								
Month	Day	Year											<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Male															
																<input type="checkbox"/> Female															
Region		Division										Learning Center																			
ALS Program Enrolled/ Completed (Pls. Specify)															A&E Test Applying for					<input type="checkbox"/> Elementary Level (EL) <input type="checkbox"/> Junior High School (JHS) Level											
Last Grade Level Completed															Name and Address of Testing Center																
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

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

Applicant's Signature Over Printed Name

**Required Attachments**  
☐ Proof of Identity  
☐ Proof of Birth (NSO, Passport, Any legal Documents)  
☐ Certification of Additional Intervention (if any)  
☐ ALS Form (AF) 5 | COR | PPA Result (if any)1x1 ID Photo  
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Birthdate			Learner Reference Number										Civil Status										Sex								
Month	Day	Year											<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Male															
																<input type="checkbox"/> Female															
Region		Division										Learning Center																			
ALS Program Enrolled/ Completed (Pls. Specify)															A&E Test Applying for					<input type="checkbox"/> Elementary Level (EL) <input type="checkbox"/> Junior High School (JHS) Level											
Last Grade Level Completed															Name and Address of Testing Center																
Contact Number																															

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SCHOOLS DIVISION OF \_\_\_\_\_



**CERTIFICATION OF ADDITIONAL INTERVENTION**

This is to certify that  
\_\_\_\_\_  
(Given Name, Middle Name, Last Name, Extension Name) with LRN  
\_\_\_\_\_  
of \_\_\_\_\_ is a/an  
(CLC Name)  
\_\_\_\_\_  
(Elementary or Junior High School) ALS PROGRAM COMPLETER in the Learners  
Information System (LIS) of SY \_\_\_\_\_.

He/She underwent additional intervention in the ALS K to 12 Basic Education Curriculum (BEC).

This certification is issued as part of the registration requirements for the 2025 Accreditation and Equivalency (A&E) Test.

Certified by:

\_\_\_\_\_  
**ALS Teacher/Community ALS Implementer/Learning Facilitator**  
Signature over Printed Name  
Date: \_\_\_\_\_



Republic of the Philippines  
Department of Education  
Region \_\_\_\_\_  
Division of \_\_\_\_\_



**2025 Accreditation and Equivalency (A&E) Test  
List of Registrants**

Testing Center: \_\_\_\_\_ Address: \_\_\_\_\_  
Region: \_\_\_\_\_ Division: \_\_\_\_\_ A&E Test Level: \_\_\_\_\_

Sex	Number of Registrants	Learners with Disabilities (LWDs)
Male		
Female		
Total		

No.	Name (Last Name, First Name, Middle Initial)	Age	Birthdate (MM/DD/YYYY)	Sex (M/F)	Documents Submitted (Check the appropriate Column)			
					Birth Certificate	Proof of Birthdate	Certificate of Additional Intervention	AF5/COR/ PPA Result
1								
2								
3								
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Prepared by:

Approved by:

Signature over Printed Name  
Division ALS Focal Person

Signature over Printed Name  
Division Testing Coordinator (DTC)

Signature over Printed Name  
Schools Division Superintendent (SDS)