

MAR 19 2015

**DIVISION MEMORANDUM**

No. 167, s. 2015

**2015 PRINCIPAL'S TEST**

To: Assistant Superintendent  
Education Supervisors/Coordinators  
District Supervisors/OICs/Caretakers  
Elementary and Secondary School Heads

1. The Department of Education (DepEd) through the National Educators Academy of the Philippines (NEAP) shall administer the 2015 Principal's Examination on June 21, 2015 from 8:00 A.M. to 12:00 P.M. The testing center for Region VII examinees is Lahug Elementary School, Lahug, Cebu City.

2. The following are the criteria in evaluating the qualifications and eligibility of the applicants who will take the test:

a. Experience of at least any of the following: one year as Head Teacher, two years as TIC, two years as Master Teacher, or five years as Teacher-III.

b. Forty hours of relevant trainings (with attachments) certified by the Administrative Officer V

c. Performance rating of Very Satisfactory (VS) for the last two years (with attachments) certified by Administrative Officer V.

d. Certification of no pending administrative case.

3. Aspirants are directed to submit their application form together with the required documents to the Office of the Assistant Schools Division Superintendent for evaluation. A registration fee in the amount of five hundred pesos (Php500.00) payable to Division Cashier will be collected from each aspirant. The amount collected will be remitted to Regional Office.

4. The date of filling the application form in the Division Office will be on March 20 – 31, 2015 (refer to Regional Memorandum No. 165, s. 2015). The complete list of the aspirant will be forwarded to Regional Office on April 6, 2015.

5. For more information, please download DepEd Memorandum No. 18, s. 2015 and Regional Memoranda Nos. 158 and 165, s. 2015 or contact Dr. Marcial P. Degamo, Chief, Quality Assurance Division at tel. no. (032) 231- 1071.

6. Immediate and wide dissemination of this Memorandum is directed.

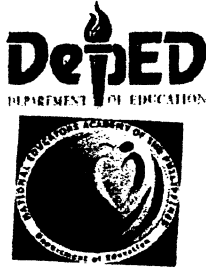
  
**ARDEN D. MONISIT, ED.D.**  
Schools Division Superintendent

ADM/rng15

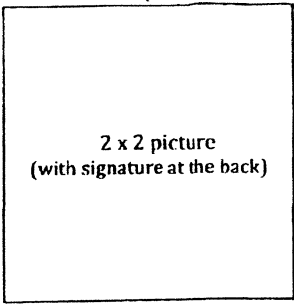
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Telephone Numbers:

Schools Division Superintendent:	(032) 255-6405	Website: <a href="http://www.depedcebuprovince.com">www.depedcebuprovince.com</a>
Asst. Schools Division Superintendent:	(032) 520-3216 loc 104	E-mail Add: <a href="mailto:depedcebuprovince@yahoo.com">depedcebuprovince@yahoo.com</a>
	(032) 520-3216 loc 102 or Fax /tel. no. 236-4628	(Mr. Roseller Geilig)
Accounting Section:	(032) 254-2632	(Mrs. Gervacia Sanchez)
Disbursing Section:	(032) 255-4401	(Ms. Ma. Teresa Peralta)
Admin/Legal:	(032) 253-7847	(Mr. Jeremy Denampo)



Department of Education  
National Educators Academy of the Philippines  
**APPLICATION FOR PRINCIPAL'S TEST**



REGION	DIVISION	APPLICANT NUMBER

**INSTRUCTIONS:**

Please read the application requirements in the attached DepEd Memo. DO NOT APPLY IF NOT QUALIFIED.  
Write legibly using black ink. All applications must be filed personally by the applicant.  
If submitted information was proven inaccurate or falsified, applicant is automatically disqualified to take the exam.

NAME (Surname) _____ (First Name) _____ (Middle Name) _____		
DATE OF BIRTH (mm/dd/yyyy)	AGE	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
CIVIL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Others _____		
PERMANENT ADDRESS:		
MOBILE NUMBER	TELEPHONE NUMBER	EMAIL ADDRESS
DepEd Employee Number	CURRENT POSITION	NAME OF SCHOOL AND ADDRESS
<b>EXPERIENCE</b>		
Must meet any of the following:	Inclusive Dates	Number of Years
<input type="checkbox"/> Head Teacher (at least 1 year)		
<input type="checkbox"/> Teacher-In-Charge (at least 2 years)		
<input type="checkbox"/> Master Teacher (at least 2 years)		
<input type="checkbox"/> Teacher III (at least 5 years)		
RELEVANT TRAININGS ATTENDED (Use separate sheet if necessary)	Inclusive Dates	Number of Hours
1. _____		
2. _____		
3. _____		
<b>PERFORMANCE</b>		
Rating Period (mm/yyyy - mm/yyyy)	Evaluator's Name	Rating Received
1. _____		<input type="checkbox"/> Outstanding <input type="checkbox"/> Very Satisfactory
2. _____		<input type="checkbox"/> Outstanding <input type="checkbox"/> Very Satisfactory

I hereby declare that the information provided in this form is true and correct to the best of my knowledge and belief.

Signature over Printed Name of Applicant \_\_\_\_\_

Date Accomplished \_\_\_\_\_

**THIS PORTION IS FOR THE EVALUATOR AT THE SCHOOLS DIVISION OFFICE.**

Paid Registration Fee (attach official receipt in the Exam Permit)

**ACTION TAKEN:**

Approved  Disapproved

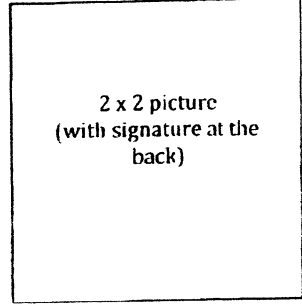
REASON: \_\_\_\_\_

SIGNATURE OF EVALUATOR  
OVER PRINTED NAME AND POSITION

CUT THIS PORTION



Department of Education  
National Educators Academy of the Philippines  
Principal's Test  
**EXAM PERMIT**



NAME (Surname) _____ (First Name) _____ (Middle Name) _____		
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REGION	DIVISION	APPLICANT NUMBER

**BRING THE FOLLOWING ON EXAM DAY**

- |  |                          |
|--|--------------------------|
| 1. This Exam Permit with attached official receipt | 3. Valid DepED issued ID |
| 2. Lead pencil/s No. 1 or 2 and eraser             |                          |