

Pupil's name:

Test date:

School name:

Date of Birth			
Day	Month	Year	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
[0]	January	<input type="text"/>	2005
[1]	February	<input type="text"/>	2006
[2]	March	<input type="text"/>	2007
[3]	April	<input type="text"/>	2008
[4]	May	<input type="text"/>	2009
[5]	June	<input type="text"/>	2010
[6]	July	<input type="text"/>	2011
[7]	August	<input type="text"/>	2012
[8]	September	<input type="text"/>	2013
[9]	October	<input type="text"/>	2014
	November	<input type="text"/>	2015
	December	<input type="text"/>	2016

Pupil Number						School Number					
[0]	[0]	[0]	[0]	[0]	[0]	[0]	[0]	[0]	[0]	[0]	[0]
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[9]	[9]	[9]	[9]	[9]	[9]	[9]	[9]	[9]	[9]	[9]	[9]

Please mark like this:

Test 1

Answer multiple-choice questions by marking the correct box.

**i**

A

B

C

D

E

For write-in questions, put the correct number at the top, and mark it below. You might not need to use all the columns.

**ii**

cm

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Section A

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**2**

A

B

C

D

E

**3**

A

B

C

D

E

**4**

£

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**5**

A

B

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D

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**6**

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[7] [7] [7] [7]

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[9] [9] [9] [9]

**7**

A

B

C

D

E

**8**

:

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[7] [7] [7] [7]

[8] [8] [8] [8]

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**9**

A

B

C

D

E

**10**

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**11**

A

B

C

D

E

**12**

[0] [0]

[1] [1]

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**14**

A

B

C

D

E

**15**

[0] [0]

[1] [1]

[2] [2]

[3] [3]

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**16**

£

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[9] [9] [9] [9]

17

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[6]	[6]	[6]
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[9]	[9]	[9]

18

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[4]	[4]	
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[9]	[9]	

19

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	C	<input type="text"/>
	D	<input type="text"/>
	E	<input type="text"/>

20

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	B	<input type="text"/>
	C	<input type="text"/>
	D	<input type="text"/>
	E	<input type="text"/>

21

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	B	<input type="text"/>
	C	<input type="text"/>
	D	<input type="text"/>
	E	<input type="text"/>

22

	A	<input type="text"/>
	B	<input type="text"/>
	C	<input type="text"/>
	D	<input type="text"/>
	E	<input type="text"/>

23

	[0]
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24

		cm
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[3]	[3]	
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[6]	[6]	
[7]	[7]	
[8]	[8]	
[9]	[9]	

25

		.		g
[0]	[0]		[0]	
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[3]	[3]		[3]	
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[8]	[8]		[8]	
[9]	[9]		[9]	

26

		:	
[0]	[0]		[0]
[1]	[1]		[1]
[2]	[2]		[2]
[3]	[3]		[3]
[4]	[4]		[4]
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[6]	[6]		[6]
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[8]	[8]		[8]
[9]	[9]		[9]

27

	A	<input type="text"/>
	B	<input type="text"/>
	C	<input type="text"/>
	D	<input type="text"/>
	E	<input type="text"/>

28

	A	<input type="text"/>
	B	<input type="text"/>
	C	<input type="text"/>
	D	<input type="text"/>
	E	<input type="text"/>

29

	-		°C
[0]	[0]		
[1]	[1]		
[2]	[2]		
[3]	[3]		
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30

	A	<input type="text"/>
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	C	<input type="text"/>
	D	<input type="text"/>
	E	<input type="text"/>

## Section B

1

		.		kg
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[8]	[8]		[8]	
[9]	[9]		[9]	

2

		.		kg
[0]	[0]		[0]	
[1]	[1]		[1]	
[2]	[2]		[2]	
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[8]	[8]		[8]	
[9]	[9]		[9]	

3

		.		m
[0]	[0]		[0]	
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[9]	[9]		[9]	

4

		.		m
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[9]	[9]		[9]	

5

		.		m
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[8]	[8]		[8]	
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6

		.		m
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[7]	[7]		[7]	
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[9]	[9]		[9]	

7

		.		
[0]	[0]		[0]	
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[3]	[3]		[3]	
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[8]	[8]		[8]	
[9]	[9]		[9]	

8

		minutes
[0]	[0]	
[1]	[1]	
[2]	[2]	
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[5]	[5]	
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[7]	[7]	
[8]	[8]	
[9]	[9]	

9

		%
[0]	[0]	
[1]	[1]	
[2]	[2]	
[3]	[3]	
[4]	[4]	
[5]	[5]	
[6]	[6]	
[7]	[7]	
[8]	[8]	
[9]	[9]	

10

	:	
[0]	[0]	
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[2]	[2]	
[3]	[3]	
[4]	[4]	
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[6]	[6]	
[7]	[7]	
[8]	[8]	
[9]	[9]	

11

	:	
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[1]	[1]	
[2]	[2]	
[3]	[3]	
[4]	[4]	
[5]	[5]	
[6]	[6]	
[7]	[7]	
[8]	[8]	
[9]	[9]	

12

A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>
E	<input type="checkbox"/>

13

				g
[0]	[0]	[0]	[0]	
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[2]	[2]	[2]	[2]	
[3]	[3]	[3]	[3]	
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14

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15

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[2]	[2]
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16

A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>

17

£		.		
[0]	[0]	[0]	[0]	
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[2]	[2]	[2]	[2]	
[3]	[3]	[3]	[3]	
[4]	[4]	[4]	[4]	
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[7]	[7]	[7]	[7]	
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[9]	[9]	[9]	[9]	

18

(		,		)
[0]	[0]	[0]	[0]	
[1]	[1]	[1]	[1]	
[2]	[2]	[2]	[2]	
[3]	[3]	[3]	[3]	
[4]	[4]	[4]	[4]	
[5]	[5]	[5]	[5]	
[6]	[6]	[6]	[6]	
[7]	[7]	[7]	[7]	
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[9]	[9]	[9]	[9]	

19

(		,		)
[0]	[0]	[0]	[0]	
[1]	[1]	[1]	[1]	
[2]	[2]	[2]	[2]	
[3]	[3]	[3]	[3]	
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[5]	[5]	[5]	[5]	
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[7]	[7]	[7]	[7]	
[8]	[8]	[8]	[8]	
[9]	[9]	[9]	[9]	

20

£		.		
[0]	[0]	[0]	[0]	
[1]	[1]	[1]	[1]	
[2]	[2]	[2]	[2]	
[3]	[3]	[3]	[3]	
[4]	[4]	[4]	[4]	
[5]	[5]	[5]	[5]	
[6]	[6]	[6]	[6]	
[7]	[7]	[7]	[7]	
[8]	[8]	[8]	[8]	
[9]	[9]	[9]	[9]	

21

	:		
[0]	[0]	[0]	[0]
[1]	[1]	[1]	[1]
[2]	[2]	[2]	[2]
[3]	[3]	[3]	[3]
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[7]	[7]	[7]	[7]
[8]	[8]	[8]	[8]
[9]	[9]	[9]	[9]

22

A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>
E	<input type="checkbox"/>

23

	.		litres
[0]	[0]	[0]	
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[9]	[9]	[9]	

24

	%
[0]	[0]
[1]	[1]
[2]	[2]
[3]	[3]
[4]	[4]
[5]	[5]
[6]	[6]
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[9]	[9]

25

$m =$			$^{\circ}$
[0]	[0]	[0]	
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[3]	[3]	[3]	
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[8]	[8]	[8]	
[9]	[9]	[9]	

26

		$m^2$
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[2]	[2]	
[3]	[3]	
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[8]	[8]	
[9]	[9]	

27

[0]	[0]
[1]	[1]
[2]	[2]
[3]	[3]
[4]	[4]
[5]	[5]
[6]	[6]
[7]	[7]
[8]	[8]
[9]	[9]

28

	.		$m^3$
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[5]	[5]	[5]	
[6]	[6]	[6]	
[7]	[7]	[7]	
[8]	[8]	[8]	
[9]	[9]	[9]	

29

	.		g
[0]	[0]	[0]	
[1]	[1]	[1]	
[2]	[2]	[2]	
[3]	[3]	[3]	
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[5]	[5]	[5]	
[6]	[6]	[6]	
[7]	[7]	[7]	
[8]	[8]	[8]	
[9]	[9]	[9]	

30

	.		kg
[0]	[0]	[0]	
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[2]	[2]	[2]	
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[4]	[4]	[4]	
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[9]	[9]	[9]	

Pupil's name:

Test date:

School name:

Date of Birth		
Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>
[0]	January	<input type="text"/>
[1]	February	<input type="text"/>
[2]	March	<input type="text"/>
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	December	<input type="text"/>
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		2014 <input type="text"/>
		2015 <input type="text"/>
		2016 <input type="text"/>

Pupil Number						School Number					
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[1]	[1]	[1]	[1]	[1]	[1]	[1]	[1]	[1]	[1]	[1]	[1]
[2]	[2]	[2]	[2]	[2]	[2]	[2]	[2]	[2]	[2]	[2]	[2]
[3]	[3]	[3]	[3]	[3]	[3]	[3]	[3]	[3]	[3]	[3]	[3]
[4]	[4]	[4]	[4]	[4]	[4]	[4]	[4]	[4]	[4]	[4]	[4]
[5]	[5]	[5]	[5]	[5]	[5]	[5]	[5]	[5]	[5]	[5]	[5]
[6]	[6]	[6]	[6]	[6]	[6]	[6]	[6]	[6]	[6]	[6]	[6]
[7]	[7]	[7]	[7]	[7]	[7]	[7]	[7]	[7]	[7]	[7]	[7]
[8]	[8]	[8]	[8]	[8]	[8]	[8]	[8]	[8]	[8]	[8]	[8]
[9]	[9]	[9]	[9]	[9]	[9]	[9]	[9]	[9]	[9]	[9]	[9]

Please mark like this:

Test 2

Answer multiple-choice questions by marking the correct box.

i

A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input checked="" type="checkbox"/>
D	<input type="checkbox"/>
E	<input type="checkbox"/>

For write-in questions, put the correct number at the top, and mark it below. You might not need to use all the columns.

ii

	3	8	cm
[0]	[0]	[0]	
[1]	[1]	[1]	
[2]	[2]	[2]	
[3]	<input checked="" type="checkbox"/>	[3]	
[4]	[4]	[4]	
[5]	[5]	[5]	
[6]	[6]	[6]	
[7]	[7]	[7]	
[8]	[8]	[8]	
[9]	[9]	[9]	

Section A

1	2	3	4	5	6
A <input type="checkbox"/>	[0]	[0]	[0]	A <input type="checkbox"/>	A <input type="checkbox"/>
B <input type="checkbox"/>	[1]	[1]	[1]	B <input type="checkbox"/>	B <input type="checkbox"/>
C <input type="checkbox"/>	[2]	[2]	[2]	C <input type="checkbox"/>	C <input type="checkbox"/>
D <input type="checkbox"/>	[3]	[3]	[3]	D <input type="checkbox"/>	D <input type="checkbox"/>
E <input type="checkbox"/>	[4]	[4]	[4]	E <input type="checkbox"/>	E <input type="checkbox"/>
	[5]	[5]	[5]		
	[6]	[6]	[6]		
	[7]	[7]	[7]		
	[8]	[8]	[8]		
	[9]	[9]	[9]		
7	8	9	10	11	
[0]	[0]	[0]	A <input type="checkbox"/>	A <input type="checkbox"/>	
[1]	[1]	[1]	B <input type="checkbox"/>	B <input type="checkbox"/>	
[2]	[2]	[2]	C <input type="checkbox"/>	C <input type="checkbox"/>	
[3]	[3]	[3]	D <input type="checkbox"/>	D <input type="checkbox"/>	
[4]	[4]	[4]	E <input type="checkbox"/>	E <input type="checkbox"/>	
[5]	[5]	[5]			
[6]	[6]	[6]			
[7]	[7]	[7]			
[8]	[8]	[8]			
[9]	[9]	[9]			
12	13	14	15	16	17
£	A <input type="checkbox"/>	A <input type="checkbox"/>	[0]	A <input type="checkbox"/>	A <input type="checkbox"/>
[0]	B <input type="checkbox"/>	B <input type="checkbox"/>	[1]	B <input type="checkbox"/>	B <input type="checkbox"/>
[1]	C <input type="checkbox"/>	C <input type="checkbox"/>	[2]	C <input type="checkbox"/>	C <input type="checkbox"/>
[2]	D <input type="checkbox"/>	D <input type="checkbox"/>	[3]	D <input type="checkbox"/>	D <input type="checkbox"/>
[3]	E <input type="checkbox"/>	E <input type="checkbox"/>	[4]	E <input type="checkbox"/>	E <input type="checkbox"/>
[4]			[5]		F <input type="checkbox"/>
[5]			[6]		
[6]			[7]		
[7]			[8]		
[8]			[9]		
[9]					

18

0	0	
1	1	
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3	3	
4	4	
5	5	
6	6	
7	7	
8	8	
9	9	

19

A	<input type="checkbox"/>	
B	<input type="checkbox"/>	
C	<input type="checkbox"/>	
D	<input type="checkbox"/>	
E	<input type="checkbox"/>	

20

A	<input type="checkbox"/>	
B	<input type="checkbox"/>	
C	<input type="checkbox"/>	
D	<input type="checkbox"/>	
E	<input type="checkbox"/>	

21

0	0	
1	1	
2	2	
3	3	
4	4	
5	5	
6	6	
7	7	
8	8	
9	9	

22

A	<input type="checkbox"/>	
B	<input type="checkbox"/>	
C	<input type="checkbox"/>	
D	<input type="checkbox"/>	
E	<input type="checkbox"/>	

23

			cm <sup>2</sup>
0	0		
1	1		
2	2		
3	3		
4	4		
5	5		
6	6		
7	7		
8	8		
9	9		

24

A	<input type="checkbox"/>	
B	<input type="checkbox"/>	
C	<input type="checkbox"/>	
D	<input type="checkbox"/>	
E	<input type="checkbox"/>	

25

0	0	
1	1	
2	2	
3	3	
4	4	
5	5	
6	6	
7	7	
8	8	
9	9	

26

A	<input type="checkbox"/>	
B	<input type="checkbox"/>	
C	<input type="checkbox"/>	
D	<input type="checkbox"/>	
E	<input type="checkbox"/>	

27

A	<input type="checkbox"/>	
B	<input type="checkbox"/>	
C	<input type="checkbox"/>	
D	<input type="checkbox"/>	
E	<input type="checkbox"/>	

28

A	<input type="checkbox"/>	
B	<input type="checkbox"/>	
C	<input type="checkbox"/>	
D	<input type="checkbox"/>	
E	<input type="checkbox"/>	

29

A	<input type="checkbox"/>	
B	<input type="checkbox"/>	
C	<input type="checkbox"/>	
D	<input type="checkbox"/>	
E	<input type="checkbox"/>	

30

			%
0	0		
1	1		
2	2		
3	3		
4	4		
5	5		
6	6		
7	7		
8	8		
9	9		

## Section B

1

A	<input type="checkbox"/>	
B	<input type="checkbox"/>	
C	<input type="checkbox"/>	
D	<input type="checkbox"/>	
E	<input type="checkbox"/>	

2

£			.		
0	0	0	0	0	
1	1	1	1	1	
2	2	2	2	2	
3	3	3	3	3	
4	4	4	4	4	
5	5	5	5	5	
6	6	6	6	6	
7	7	7	7	7	
8	8	8	8	8	
9	9	9	9	9	

3

			cm <sup>2</sup>
0	0		
1	1		
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7	7		
8	8		
9	9		

4

				m
0	0	0		
1	1	1		
2	2	2		
3	3	3		
4	4	4		
5	5	5		
6	6	6		
7	7	7		
8	8	8		
9	9	9		

5

			:		
0	0	0	0	0	
1	1	1	1	1	
2	2	2	2	2	
3	3	3	3	3	
4	4	4	4	4	
5	5	5	5	5	
6	6	6	6	6	
7	7	7	7	7	
8	8	8	8	8	
9	9	9	9	9	

6

			.			m <sup>2</sup>
0	0	0	0	0		
1	1	1	1	1		
2	2	2	2	2		
3	3	3	3	3		
4	4	4	4	4		
5	5	5	5	5		
6	6	6	6	6		
7	7	7	7	7		
8	8	8	8	8		
9	9	9	9	9		

7

				o
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3	3	3	3	
4	4	4	4	
5	5	5	5	
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7	7	7	7	
8	8	8	8	
9	9	9	9	

8

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4	4	
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6	6	
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8	8	
9	9	

9

A	<input type="checkbox"/>	
B	<input type="checkbox"/>	
C	<input type="checkbox"/>	
D	<input type="checkbox"/>	
E	<input type="checkbox"/>	

10

0	0	0
1	1	1
2	2	2
3	3	3
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5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

11

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3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

12

0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

13

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

14

					£
0	0	0	0	0	
1	1	1	1	1	
2	2	2	2	2	
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6	6	6	6	6	
7	7	7	7	7	
8	8	8	8	8	
9	9	9	9	9	

15

0	0	0
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4	4	4
5	5	5
6	6	6
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8	8	8
9	9	9

16

[0]	[0]
[1]	[1]
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[4]	[4]
[5]	[5]
[6]	[6]
[7]	[7]
[8]	[8]
[9]	[9]

17

[0]	[0]	years
[1]	[1]	
[2]	[2]	
[3]	[3]	
[4]	[4]	
[5]	[5]	
[6]	[6]	
[7]	[7]	
[8]	[8]	
[9]	[9]	

18

[0]	[0]	m
[1]	[1]	
[2]	[2]	
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[7]	[7]	
[8]	[8]	
[9]	[9]	

19

[0]	[0]	m <sup>2</sup>
[1]	[1]	
[2]	[2]	
[3]	[3]	
[4]	[4]	
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[6]	[6]	
[7]	[7]	
[8]	[8]	
[9]	[9]	

20

[0]	[0]	%
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[2]	[2]	
[3]	[3]	
[4]	[4]	
[5]	[5]	
[6]	[6]	
[7]	[7]	
[8]	[8]	
[9]	[9]	

21

A

B

C

D

E

22

A

B

C

D

E

23

[0]	[0]	[0]	cm <sup>3</sup>
[1]	[1]	[1]	
[2]	[2]	[2]	
[3]	[3]	[3]	
[4]	[4]	[4]	
[5]	[5]	[5]	
[6]	[6]	[6]	
[7]	[7]	[7]	
[8]	[8]	[8]	
[9]	[9]	[9]	

24

A

B

C

D

E

25

[0]	[0]	[0]	m
[1]	[1]	[1]	
[2]	[2]	[2]	
[3]	[3]	[3]	
[4]	[4]	[4]	
[5]	[5]	[5]	
[6]	[6]	[6]	
[7]	[7]	[7]	
[8]	[8]	[8]	
[9]	[9]	[9]	

26

[0]	[0]
[1]	[1]
[2]	[2]
[3]	[3]
[4]	[4]
[5]	[5]
[6]	[6]
[7]	[7]
[8]	[8]
[9]	[9]

27

[0]	[0]	[0]	°
[1]	[1]	[1]	
[2]	[2]	[2]	
[3]	[3]	[3]	
[4]	[4]	[4]	
[5]	[5]	[5]	
[6]	[6]	[6]	
[7]	[7]	[7]	
[8]	[8]	[8]	
[9]	[9]	[9]	

28

A

B

C

D

E

29

[0]	[0]	[0]	hours
[1]	[1]	[1]	
[2]	[2]	[2]	
[3]	[3]	[3]	
[4]	[4]	[4]	
[5]	[5]	[5]	
[6]	[6]	[6]	
[7]	[7]	[7]	
[8]	[8]	[8]	
[9]	[9]	[9]	

30

[0]	[0]	[0]	minutes
[1]	[1]	[1]	
[2]	[2]	[2]	
[3]	[3]	[3]	
[4]	[4]	[4]	
[5]	[5]	[5]	
[6]	[6]	[6]	
[7]	[7]	[7]	
[8]	[8]	[8]	
[9]	[9]	[9]	

Pupil's name:

Test date:

School name:

Pupil Number						School Number					
[0]	[0]	[0]	[0]	[0]	[0]	[0]	[0]	[0]	[0]	[0]	[0]
[1]	[1]	[1]	[1]	[1]	[1]	[1]	[1]	[1]	[1]	[1]	[1]
[2]	[2]	[2]	[2]	[2]	[2]	[2]	[2]	[2]	[2]	[2]	[2]
[3]	[3]	[3]	[3]	[3]	[3]	[3]	[3]	[3]	[3]	[3]	[3]
[4]	[4]	[4]	[4]	[4]	[4]	[4]	[4]	[4]	[4]	[4]	[4]
[5]	[5]	[5]	[5]	[5]	[5]	[5]	[5]	[5]	[5]	[5]	[5]
[6]	[6]	[6]	[6]	[6]	[6]	[6]	[6]	[6]	[6]	[6]	[6]
[7]	[7]	[7]	[7]	[7]	[7]	[7]	[7]	[7]	[7]	[7]	[7]
[8]	[8]	[8]	[8]	[8]	[8]	[8]	[8]	[8]	[8]	[8]	[8]
[9]	[9]	[9]	[9]	[9]	[9]	[9]	[9]	[9]	[9]	[9]	[9]

Date of Birth					
Day	Month	Year			
[0]	[0]	January	<input type="checkbox"/>	2005	<input type="checkbox"/>
[1]	[1]	February	<input type="checkbox"/>	2006	<input type="checkbox"/>
[2]	[2]	March	<input type="checkbox"/>	2007	<input type="checkbox"/>
[3]	[3]	April	<input type="checkbox"/>	2008	<input type="checkbox"/>
[4]	[4]	May	<input type="checkbox"/>	2009	<input type="checkbox"/>
[5]	[5]	June	<input type="checkbox"/>	2010	<input type="checkbox"/>
[6]	[6]	July	<input type="checkbox"/>	2011	<input type="checkbox"/>
[7]	[7]	August	<input type="checkbox"/>	2012	<input type="checkbox"/>
[8]	[8]	September	<input type="checkbox"/>	2013	<input type="checkbox"/>
[9]	[9]	October	<input type="checkbox"/>	2014	<input type="checkbox"/>
[9]	[9]	November	<input type="checkbox"/>	2015	<input type="checkbox"/>
[9]	[9]	December	<input type="checkbox"/>	2016	<input type="checkbox"/>

Please mark like this:

Test 3

Answer multiple-choice questions by marking the correct box.

**i**

A

B

C

D

E

For write-in questions, put the correct number at the top, and mark it below. You might not need to use all the columns.

**ii**

3 8 cm

[0]	[0]	[0]
[1]	[1]	[1]
[2]	[2]	[2]
[3]	[3]	[3]
[4]	[4]	[4]
[5]	[5]	[5]
[6]	[6]	[6]
[7]	[7]	[7]
[8]	[8]	[8]
[9]	[9]	[9]

**Section A**

<p><b>1</b></p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td>[0]</td><td>[0]</td><td>[0]</td><td>[0]</td></tr> <tr><td>[1]</td><td>[1]</td><td>[1]</td><td>[1]</td></tr> <tr><td>[2]</td><td>[2]</td><td>[2]</td><td>[2]</td></tr> <tr><td>[3]</td><td>[3]</td><td>[3]</td><td>[3]</td></tr> <tr><td>[4]</td><td>[4]</td><td>[4]</td><td>[4]</td></tr> <tr><td>[5]</td><td>[5]</td><td>[5]</td><td>[5]</td></tr> <tr><td>[6]</td><td>[6]</td><td>[6]</td><td>[6]</td></tr> <tr><td>[7]</td><td>[7]</td><td>[7]</td><td>[7]</td></tr> <tr><td>[8]</td><td>[8]</td><td>[8]</td><td>[8]</td></tr> <tr><td>[9]</td><td>[9]</td><td>[9]</td><td>[9]</td></tr> </table>	[0]	[0]	[0]	[0]	[1]	[1]	[1]	[1]	[2]	[2]	[2]	[2]	[3]	[3]	[3]	[3]	[4]	[4]	[4]	[4]	[5]	[5]	[5]	[5]	[6]	[6]	[6]	[6]	[7]	[7]	[7]	[7]	[8]	[8]	[8]	[8]	[9]	[9]	[9]	[9]	<p><b>2</b></p> <p>A <input type="checkbox"/></p> <p>B <input type="checkbox"/></p> <p>C <input type="checkbox"/></p> <p>D <input type="checkbox"/></p> <p>E <input type="checkbox"/></p>	<p><b>3</b></p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td>[0]</td><td>[0]</td></tr> <tr><td>[1]</td><td>[1]</td></tr> <tr><td>[2]</td><td>[2]</td></tr> <tr><td>[3]</td><td>[3]</td></tr> <tr><td>[4]</td><td>[4]</td></tr> <tr><td>[5]</td><td>[5]</td></tr> <tr><td>[6]</td><td>[6]</td></tr> <tr><td>[7]</td><td>[7]</td></tr> <tr><td>[8]</td><td>[8]</td></tr> <tr><td>[9]</td><td>[9]</td></tr> </table>	[0]	[0]	[1]	[1]	[2]	[2]	[3]	[3]	[4]	[4]	[5]	[5]	[6]	[6]	[7]	[7]	[8]	[8]	[9]	[9]	<p><b>4</b></p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td>[0]</td><td>[0]</td></tr> <tr><td>[1]</td><td>[1]</td></tr> <tr><td>[2]</td><td>[2]</td></tr> <tr><td>[3]</td><td>[3]</td></tr> <tr><td>[4]</td><td>[4]</td></tr> <tr><td>[5]</td><td>[5]</td></tr> <tr><td>[6]</td><td>[6]</td></tr> <tr><td>[7]</td><td>[7]</td></tr> <tr><td>[8]</td><td>[8]</td></tr> <tr><td>[9]</td><td>[9]</td></tr> </table>	[0]	[0]	[1]	[1]	[2]	[2]	[3]	[3]	[4]	[4]	[5]	[5]	[6]	[6]	[7]	[7]	[8]	[8]	[9]	[9]	<p><b>5</b></p> <p>A <input type="checkbox"/></p> <p>B <input type="checkbox"/></p> <p>C <input type="checkbox"/></p> <p>D <input type="checkbox"/></p> <p>E <input type="checkbox"/></p>	<p><b>6</b></p> <p>A <input type="checkbox"/></p> <p>B <input type="checkbox"/></p> <p>C <input type="checkbox"/></p> <p>D <input type="checkbox"/></p> <p>E <input type="checkbox"/></p>																														
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19

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20

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B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>
E	<input type="checkbox"/>

21

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22

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23

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C	<input type="checkbox"/>
D	<input type="checkbox"/>
E	<input type="checkbox"/>

24

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B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>
E	<input type="checkbox"/>

25

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26

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27

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28

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C	<input type="checkbox"/>
D	<input type="checkbox"/>
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29

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30

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## Section B

1

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2

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13

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17

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18

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19

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[9]	[9]	[9]		

26

[0]	[0]	[0]	[0]	
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[2]	[2]	[2]	[2]	
[3]	[3]	[3]	[3]	
[4]	[4]	[4]	[4]	
[5]	[5]	[5]	[5]	
[6]	[6]	[6]	[6]	
[7]	[7]	[7]	[7]	
[8]	[8]	[8]	[8]	
[9]	[9]	[9]	[9]	

27

[0]	[0]	
[1]	[1]	
[2]	[2]	
[3]	[3]	
[4]	[4]	
[5]	[5]	
[6]	[6]	
[7]	[7]	
[8]	[8]	
[9]	[9]	

28

A

B

C

D

E

29

A

B

C

D

E

30

[0]	[0]
[1]	[1]
[2]	[2]
[3]	[3]
[4]	[4]
[5]	[5]
[6]	[6]
[7]	[7]
[8]	[8]
[9]	[9]

Pupil's name:

Test date:

School name:

Date of Birth		
Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>
[0]	January	<input type="text"/>
[1]	February	<input type="text"/>
[2]	March	<input type="text"/>
[3]	April	<input type="text"/>
[4]	May	<input type="text"/>
[5]	June	<input type="text"/>
[6]	July	<input type="text"/>
[7]	August	<input type="text"/>
[8]	September	<input type="text"/>
[9]	October	<input type="text"/>
	November	<input type="text"/>
	December	<input type="text"/>

Pupil Number						School Number					
[0]	[0]	[0]	[0]	[0]	[0]	[0]	[0]	[0]	[0]	[0]	[0]
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[2]	[2]	[2]	[2]	[2]	[2]	[2]	[2]	[2]	[2]	[2]	[2]
[3]	[3]	[3]	[3]	[3]	[3]	[3]	[3]	[3]	[3]	[3]	[3]
[4]	[4]	[4]	[4]	[4]	[4]	[4]	[4]	[4]	[4]	[4]	[4]
[5]	[5]	[5]	[5]	[5]	[5]	[5]	[5]	[5]	[5]	[5]	[5]
[6]	[6]	[6]	[6]	[6]	[6]	[6]	[6]	[6]	[6]	[6]	[6]
[7]	[7]	[7]	[7]	[7]	[7]	[7]	[7]	[7]	[7]	[7]	[7]
[8]	[8]	[8]	[8]	[8]	[8]	[8]	[8]	[8]	[8]	[8]	[8]
[9]	[9]	[9]	[9]	[9]	[9]	[9]	[9]	[9]	[9]	[9]	[9]

Please mark like this:

Test 4

Answer multiple-choice questions by marking the correct box.

**i**

A

B

C

D

E

For write-in questions, put the correct number at the top, and mark it below. You might not need to use all the columns.

**ii**

cm

[0] [0] [0] [0]

[1] [1] [1] [1]

[2] [2] [2] [2]

[3]  [3] [3] [3]

[4] [4] [4] [4]

[5] [5] [5] [5]

[6] [6] [6] [6]

[7] [7] [7] [7]

[8] [8] [8] [8]

[9]  [9] [9] [9]

Section A

**1** A  B  C  D  E

**2** A  B  C  D  E

**3** A  B  C  D  E

**4** A  B  C  D  E

**5** hour(s) mins

[0] [0] [0] [0]

[1] [1] [1] [1]

[2] [2] [2] [2]

[3] [3] [3] [3]

[4] [4] [4] [4]

[5] [5] [5] [5]

[6] [6] [6] [6]

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[8] [8] [8] [8]

[9] [9] [9] [9]

**6**     cm<sup>2</sup>

[0] [0] [0] [0]

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[2] [2] [2] [2]

[3] [3] [3] [3]

[4] [4] [4] [4]

[5] [5] [5] [5]

[6] [6] [6] [6]

[7] [7] [7] [7]

[8] [8] [8] [8]

[9] [9] [9] [9]

**7** A  B  C  D  E

**8**   cm

[0] [0]

[1] [1]

[2] [2]

[3] [3]

[4] [4]

[5] [5]

[6] [6]

[7] [7]

[8] [8]

[9] [9]

**9** £

[0] [0] [0] [0]

[1] [1] [1] [1]

[2] [2] [2] [2]

[3] [3] [3] [3]

[4] [4] [4] [4]

[5] [5] [5] [5]

[6] [6] [6] [6]

[7] [7] [7] [7]

[8] [8] [8] [8]

[9] [9] [9] [9]

**10** A  B  C  D  E

**11** A  B  C  D  E

**12** A  B  C  D  E

**13** A  B  C  D  E

**14**  :   am

[0] [0] [0]

[1] [1] [1]

[2] [2] [2]

[3] [3] [3]

[4] [4] [4]

[5] [5] [5]

[6] [6] [6]

[7] [7] [7]

[8] [8] [8]

[9] [9] [9]

**15**

[0] [0] [0]

[1] [1] [1]

[2] [2] [2]

[3] [3] [3]

[4] [4] [4]

[5] [5] [5]

[6] [6] [6]

[7] [7] [7]

[8] [8] [8]

[9] [9] [9]

**16** A  B  C  D  E

17

A	<input type="text"/>
B	<input type="text"/>
C	<input type="text"/>
D	<input type="text"/>
E	<input type="text"/>

18

A	<input type="text"/>
B	<input type="text"/>
C	<input type="text"/>
D	<input type="text"/>
E	<input type="text"/>

19

A	<input type="text"/>
B	<input type="text"/>
C	<input type="text"/>
D	<input type="text"/>
E	<input type="text"/>

20

	<input type="text"/>	<input type="text"/>
	[0]	[0]
	[1]	[1]
	[2]	[2]
	[3]	[3]
	[4]	[4]
	[5]	[5]
	[6]	[6]
	[7]	[7]
	[8]	[8]
	[9]	[9]

21

			cm
	[0]	[0]	[0]
	[1]	[1]	[1]
	[2]	[2]	[2]
	[3]	[3]	[3]
	[4]	[4]	[4]
	[5]	[5]	[5]
	[6]	[6]	[6]
	[7]	[7]	[7]
	[8]	[8]	[8]
	[9]	[9]	[9]

22

A	<input type="text"/>
B	<input type="text"/>
C	<input type="text"/>
D	<input type="text"/>
E	<input type="text"/>

23

	<input type="text"/>	<input type="text"/>
	[0]	[0]
	[1]	[1]
	[2]	[2]
	[3]	[3]
	[4]	[4]
	[5]	[5]
	[6]	[6]
	[7]	[7]
	[8]	[8]
	[9]	[9]

24

A	<input type="text"/>
B	<input type="text"/>
C	<input type="text"/>
D	<input type="text"/>
E	<input type="text"/>

25

A	<input type="text"/>
B	<input type="text"/>
C	<input type="text"/>
D	<input type="text"/>
E	<input type="text"/>

26

	<input type="text"/>	<input type="text"/>
	[0]	[0]
	[1]	[1]
	[2]	[2]
	[3]	[3]
	[4]	[4]
	[5]	[5]
	[6]	[6]
	[7]	[7]
	[8]	[8]
	[9]	[9]

27

A	<input type="text"/>
B	<input type="text"/>
C	<input type="text"/>
D	<input type="text"/>
E	<input type="text"/>

28

		cm <sup>3</sup>
	[0]	[0]
	[1]	[1]
	[2]	[2]
	[3]	[3]
	[4]	[4]
	[5]	[5]
	[6]	[6]
	[7]	[7]
	[8]	[8]
	[9]	[9]

29

A	<input type="text"/>
B	<input type="text"/>
C	<input type="text"/>
D	<input type="text"/>
E	<input type="text"/>

30

A	<input type="text"/>
B	<input type="text"/>
C	<input type="text"/>
D	<input type="text"/>
E	<input type="text"/>

## Section B

1

			.			litres
	[0]	[0]		[0]	[0]	
	[1]	[1]		[1]	[1]	
	[2]	[2]		[2]	[2]	
	[3]	[3]		[3]	[3]	
	[4]	[4]		[4]	[4]	
	[5]	[5]		[5]	[5]	
	[6]	[6]		[6]	[6]	
	[7]	[7]		[7]	[7]	
	[8]	[8]		[8]	[8]	
	[9]	[9]		[9]	[9]	

2

	<input type="text"/>	<input type="text"/>
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	[2]	[2]
	[3]	[3]
	[4]	[4]
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	[7]	[7]
	[8]	[8]
	[9]	[9]

3

	<input type="text"/>	<input type="text"/>	<input type="text"/>
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	[4]	[4]	[4]
	[5]	[5]	[5]
	[6]	[6]	[6]
	[7]	[7]	[7]
	[8]	[8]	[8]
	[9]	[9]	[9]

4

	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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	[3]	[3]	[3]	[3]
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	[6]	[6]	[6]	[6]
	[7]	[7]	[7]	[7]
	[8]	[8]	[8]	[8]
	[9]	[9]	[9]	[9]

5

A	<input type="text"/>
B	<input type="text"/>
C	<input type="text"/>
D	<input type="text"/>
E	<input type="text"/>

6

			p
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	[2]	[2]	[2]
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	[4]	[4]	[4]
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	[6]	[6]	[6]
	[7]	[7]	[7]
	[8]	[8]	[8]
	[9]	[9]	[9]

7

A	<input type="text"/>
B	<input type="text"/>
C	<input type="text"/>
D	<input type="text"/>
E	<input type="text"/>

8

	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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	[2]	[2]	[2]	[2]
	[3]	[3]	[3]	[3]
	[4]	[4]	[4]	[4]
	[5]	[5]	[5]	[5]
	[6]	[6]	[6]	[6]
	[7]	[7]	[7]	[7]
	[8]	[8]	[8]	[8]
	[9]	[9]	[9]	[9]

9

A	<input type="text"/>
B	<input type="text"/>
C	<input type="text"/>
D	<input type="text"/>
E	<input type="text"/>

10

	<input type="text"/>	<input type="text"/>
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	[6]	[6]
	[7]	[7]
	[8]	[8]
	[9]	[9]

11

A	<input type="text"/>
B	<input type="text"/>
C	<input type="text"/>
D	<input type="text"/>
E	<input type="text"/>

12

A	<input type="text"/>
B	<input type="text"/>
C	<input type="text"/>
D	<input type="text"/>
E	<input type="text"/>

13

£				
	[0]	[0]	[0]	[0]
	[1]	[1]	[1]	[1]
	[2]	[2]	[2]	[2]
	[3]	[3]	[3]	[3]
	[4]	[4]	[4]	[4]
	[5]	[5]	[5]	[5]
	[6]	[6]	[6]	[6]
	[7]	[7]	[7]	[7]
	[8]	[8]	[8]	[8]
	[9]	[9]	[9]	[9]

14

	<input type="text"/>	<input type="text"/>	<input type="text"/>
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	[5]	[5]	[5]
	[6]	[6]	[6]
	[7]	[7]	[7]
	[8]	[8]	[8]
	[9]	[9]	[9]

15

			o
	[0]	[0]	[0]
	[1]	[1]	[1]
	[2]	[2]	[2]
	[3]	[3]	[3]
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	[6]	[6]	[6]
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	[9]	[9]	[9]

16

A	<input type="text"/>
B	<input type="text"/>
C	<input type="text"/>
D	<input type="text"/>
E	<input type="text"/>

17

		.				kg
[0]	[0]		[0]	[0]	[0]	
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[3]	[3]		[3]	[3]	[3]	
[4]	[4]		[4]	[4]	[4]	
[5]	[5]		[5]	[5]	[5]	
[6]	[6]		[6]	[6]	[6]	
[7]	[7]		[7]	[7]	[7]	
[8]	[8]		[8]	[8]	[8]	
[9]	[9]		[9]	[9]	[9]	

18

			.			g
[0]	[0]	[0]		[0]		
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[2]	[2]	[2]		[2]		
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[4]	[4]	[4]		[4]		
[5]	[5]	[5]		[5]		
[6]	[6]	[6]		[6]		
[7]	[7]	[7]		[7]		
[8]	[8]	[8]		[8]		
[9]	[9]	[9]		[9]		

19

A

B

C

D

E

20

		:				pm
[0]	[0]		[0]	[0]		
[1]	[1]		[1]	[1]		
[2]	[2]		[2]	[2]		
[3]	[3]		[3]	[3]		
[4]	[4]		[4]	[4]		
[5]	[5]		[5]	[5]		
[6]	[6]		[6]	[6]		
[7]	[7]		[7]	[7]		
[8]	[8]		[8]	[8]		
[9]	[9]		[9]	[9]		

21

						cm <sup>2</sup>
[0]	[0]	[0]				
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[2]	[2]	[2]				
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[4]	[4]	[4]				
[5]	[5]	[5]				
[6]	[6]	[6]				
[7]	[7]	[7]				
[8]	[8]	[8]				
[9]	[9]	[9]				

22

						ml
[0]	[0]	[0]	[0]			
[1]	[1]	[1]	[1]			
[2]	[2]	[2]	[2]			
[3]	[3]	[3]	[3]			
[4]	[4]	[4]	[4]			
[5]	[5]	[5]	[5]			
[6]	[6]	[6]	[6]			
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[9]	[9]	[9]	[9]			

23

						cm <sup>3</sup>
[0]	[0]	[0]				
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[6]	[6]	[6]				
[7]	[7]	[7]				
[8]	[8]	[8]				
[9]	[9]	[9]				

24

A

B

C

D

E

25

						minutes
[0]	[0]	[0]				
[1]	[1]	[1]				
[2]	[2]	[2]				
[3]	[3]	[3]				
[4]	[4]	[4]				
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[6]	[6]	[6]				
[7]	[7]	[7]				
[8]	[8]	[8]				
[9]	[9]	[9]				

26

						minutes
[0]	[0]	[0]				
[1]	[1]	[1]				
[2]	[2]	[2]				
[3]	[3]	[3]				
[4]	[4]	[4]				
[5]	[5]	[5]				
[6]	[6]	[6]				
[7]	[7]	[7]				
[8]	[8]	[8]				
[9]	[9]	[9]				

27

£			.			
[0]	[0]	[0]		[0]		
[1]	[1]	[1]		[1]		
[2]	[2]	[2]		[2]		
[3]	[3]	[3]		[3]		
[4]	[4]	[4]		[4]		
[5]	[5]	[5]		[5]		
[6]	[6]	[6]		[6]		
[7]	[7]	[7]		[7]		
[8]	[8]	[8]		[8]		
[9]	[9]	[9]		[9]		

28

						g
[0]	[0]					
[1]	[1]					
[2]	[2]					
[3]	[3]					
[4]	[4]					
[5]	[5]					
[6]	[6]					
[7]	[7]					
[8]	[8]					
[9]	[9]					

29

						g
[0]	[0]					
[1]	[1]					
[2]	[2]					
[3]	[3]					
[4]	[4]					
[5]	[5]					
[6]	[6]					
[7]	[7]					
[8]	[8]					
[9]	[9]					

30

A

B

C

D

E

F

G