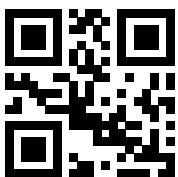


SAMPLE MATHEMATICS - ANSWER SHEET



Pupil's Name _____

School Name _____

DATE OF TEST

Day	Month	Year

UNIQUE PUPIL NUMBER

--	--	--	--	--	--	--	--	--	--

SCHOOL NUMBER

--	--	--	--	--	--	--	--	--	--

DATE OF BIRTH

Day	Month	Year

Please mark boxes with a thin horizontal line like this —.

SAMPLE PRACTICE TEST

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

A	
B	
C	
D	
E	

6

A	
B	
C	
D	
E	

7

A	
B	
C	
D	
E	

8

A	
B	
C	
D	
E	

9

A	
B	
C	
D	
E	

SAMPLE MAIN TEST

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

A	
B	
C	
D	
E	

6

A	
B	
C	
D	
E	

7

A	
B	
C	
D	
E	

8

A	
B	
C	
D	
E	

9

A	
B	
C	
D	
E	

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

A	
B	
C	
D	
E	

15

A	
B	
C	
D	
E	

16

A	
B	
C	
D	
E	

17

A	
B	
C	
D	
E	

18

A	
B	
C	
D	
E	

19

A	
B	
C	
D	
E	

20

A	
B	
C	
D	
E	

21

A	
B	
C	
D	
E	

22

A	
B	
C	
D	
E	

23

A	
B	
C	
D	
E	

24

A	
B	
C	
D	
E	

25

A	
B	
C	
D	
E	

26

A	
B	
C	
D	
E	

27

A	
B	
C	
D	
E	

28

A	
B	
C	
D	
E	

29

A	
B	
C	
D	
E	

30

A	
B	
C	
D	
E	

31

A	
B	
C	
D	
E	

32

A	
B	
C	
D	
E	

33

A	
B	
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34

A	
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C	
D	
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35

A	
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C	
D	
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36

A	
B	
C	
D	
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37

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B	
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38

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39

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B	
C	
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40

A	
B	
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D	
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41

A	
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C	
D	
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42

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D	
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43

A	
B	
C	
D	
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44

A	
B	
C	
D	
E	

45

A	
B	
C	
D	
E	

**FOR INFORMATION ONLY
SAMPLE NOT TO BE USED**

