SAMPLE MATHEMATICS - ANSWER SHEET

Pupil’s Name

School Name

UNIQUE PUPIL NUMBER

SCHOOL NUMBER

DATE OF TEST

Day  Month  Year

DATE OF BIRTH

Day  Month  Year

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

SAMPLE PRACTICE TEST

1  2  3  4  5  6  7  8  9

A   B   C   D   E   A   B   C   D   E

SAMPLE MAIN TEST

1  2  3  4  5  6  7  8  9  10

A   B   C   D   E   A   B   C   D   E

11 12 13 14 15 16 17 18 19 20

A   B   C   D   E   A   B   C   D   E

21 22 23 24 25 26 27 28 29 30

A   B   C   D   E   A   B   C   D   E

31 32 33 34 35 36 37 38 39 40

A   B   C   D   E   A   B   C   D   E

41 42 43 44 45

A   B   C   D   E

FOR INFORMATION ONLY
SAMPLE NOT TO BE USED

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