

Pupil's Name

Date of Test

School Name

**DATE OF BIRTH**

Day	Month	Year
[0]	[0]	January <input type="checkbox"/> 1990 <input type="checkbox"/>
[1]	[1]	February <input type="checkbox"/> 1991 <input type="checkbox"/>
[2]	[2]	March <input type="checkbox"/> 1992 <input type="checkbox"/>
[3]	[3]	April <input type="checkbox"/> 1993 <input type="checkbox"/>
[4]	[4]	May <input type="checkbox"/> 1994 <input type="checkbox"/>
[5]	[5]	June <input type="checkbox"/> 1995 <input type="checkbox"/>
[6]	[6]	July <input type="checkbox"/> 1996 <input type="checkbox"/>
[7]	[7]	August <input type="checkbox"/> 1997 <input type="checkbox"/>
[8]	[8]	September <input type="checkbox"/> 1998 <input type="checkbox"/>
[9]	[9]	October <input type="checkbox"/> 1999 <input type="checkbox"/>
		November <input type="checkbox"/> 2000 <input type="checkbox"/>
		December <input type="checkbox"/> 2001 <input type="checkbox"/>

**PUPIL NUMBER**

[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]

**SCHOOL NUMBER**

[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]

Please mark like this .

**The Story of Jean Lafitte**

**1**

A

B

C

D

E

**2**

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B

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D

E

**3**

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E

**4**

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**5**

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**6**

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**22**

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**23**

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**24**

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C

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**25**

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B

C

D

E

**The Journey**

**26**

A

B

C

D

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**27**

A

B

C

D

N

**28**

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B

C

D

N

**29**

A

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C

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N

**30**

A

B

C

D

N

**31**

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B

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**32**

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B

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**33**

A

B

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D

N

PUPIL NUMBER					
[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]

**Fred's Holiday**

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

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

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

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

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

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

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

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

**Painting for Money**

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

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

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

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

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

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

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

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