



Candidate's Name
School Name

DATE OF TEST		
Day	Month	Year

CANDIDATE NUMBER									

SCHOOL NUMBER					

DATE OF BIRTH		
Day	Month	Year

Please mark boxes with a thin horizontal line like this .

## ENGLISH - Section 1: The Swiss Family Robinson

1	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	E <input type="checkbox"/>
2	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	E <input type="checkbox"/>
3	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	E <input type="checkbox"/>
4	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	E <input type="checkbox"/>
5	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	E <input type="checkbox"/>
6	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	E <input type="checkbox"/>
7	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	E <input type="checkbox"/>
8	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	E <input type="checkbox"/>
9	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	E <input type="checkbox"/>
10	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	E <input type="checkbox"/>
11	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	E <input type="checkbox"/>
12	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	E <input type="checkbox"/>
13	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	E <input type="checkbox"/>
14	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	E <input type="checkbox"/>

## ENGLISH - Section 2: Spelling Exercises

15	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	N <input type="checkbox"/>
16	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	N <input type="checkbox"/>
17	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	N <input type="checkbox"/>
18	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	N <input type="checkbox"/>
19	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	N <input type="checkbox"/>
20	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	N <input type="checkbox"/>

## ENGLISH - Section 3: Performance Time

21	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	E <input type="checkbox"/>
22	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	E <input type="checkbox"/>
23	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	E <input type="checkbox"/>
24	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	E <input type="checkbox"/>
25	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	E <input type="checkbox"/>
26	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	E <input type="checkbox"/>



Please mark boxes with a thin horizontal line like this .

## VERBAL REASONING

<b>EXAMPLE</b>	<b>27</b>	<b>28</b>	<b>29</b>	<b>30</b>	<b>31</b>	<b>32</b>
p <input type="checkbox"/>	m <input type="checkbox"/>	b <input type="checkbox"/>	w <input type="checkbox"/>	t <input type="checkbox"/>	s <input type="checkbox"/>	w <input type="checkbox"/>
n <input type="checkbox"/>	t <input type="checkbox"/>	k <input type="checkbox"/>	r <input type="checkbox"/>	d <input type="checkbox"/>	r <input type="checkbox"/>	g <input type="checkbox"/>
f <input type="checkbox"/>	d <input type="checkbox"/>	m <input type="checkbox"/>	m <input type="checkbox"/>	p <input type="checkbox"/>	b <input type="checkbox"/>	p <input type="checkbox"/>
t <input checked="" type="checkbox"/>	s <input type="checkbox"/>	p <input type="checkbox"/>	f <input type="checkbox"/>	c <input type="checkbox"/>	p <input type="checkbox"/>	l <input type="checkbox"/>
c <input type="checkbox"/>	n <input type="checkbox"/>	s <input type="checkbox"/>	k <input type="checkbox"/>	e <input type="checkbox"/>	k <input type="checkbox"/>	n <input type="checkbox"/>

<b>33</b>
1 <input type="checkbox"/>
9 <input type="checkbox"/>
3 <input type="checkbox"/>
5 <input type="checkbox"/>
2 <input type="checkbox"/>

<b>EXAMPLE</b>	<b>34</b>	<b>35</b>	<b>36</b>
morning <input type="checkbox"/>	break <input type="checkbox"/>	complex <input type="checkbox"/>	lock <input type="checkbox"/>
early <input checked="" type="checkbox"/>	ignore <input type="checkbox"/>	superior <input type="checkbox"/>	close <input type="checkbox"/>
wake <input type="checkbox"/>	hit <input type="checkbox"/>	modern <input type="checkbox"/>	away <input type="checkbox"/>
late <input checked="" type="checkbox"/>	poke <input type="checkbox"/>	old <input type="checkbox"/>	key <input type="checkbox"/>
shop <input type="checkbox"/>	miss <input type="checkbox"/>	new <input type="checkbox"/>	distant <input type="checkbox"/>
dark <input type="checkbox"/>	aim <input type="checkbox"/>	fresh <input type="checkbox"/>	shut <input type="checkbox"/>

<b>37</b>	<b>38</b>	<b>39</b>
heavy <input type="checkbox"/>	approximate <input type="checkbox"/>	transparent <input type="checkbox"/>
glow <input type="checkbox"/>	true <input type="checkbox"/>	clear <input type="checkbox"/>
stiff <input type="checkbox"/>	close <input type="checkbox"/>	hollow <input type="checkbox"/>
shine <input type="checkbox"/>	broad <input type="checkbox"/>	empty <input type="checkbox"/>
hard <input type="checkbox"/>	precise <input type="checkbox"/>	vague <input type="checkbox"/>
flexible <input type="checkbox"/>	rough <input type="checkbox"/>	glass <input type="checkbox"/>

<b>EXAMPLE</b>	<b>40</b>	<b>41</b>	<b>42</b>	<b>43</b>	<b>44</b>	<b>45</b>
GP <input type="checkbox"/>	ZL <input type="checkbox"/>	NC <input type="checkbox"/>	JB <input type="checkbox"/>	WV <input type="checkbox"/>	QU <input type="checkbox"/>	SC <input type="checkbox"/>
GO <input checked="" type="checkbox"/>	YL <input type="checkbox"/>	OD <input type="checkbox"/>	IB <input type="checkbox"/>	UV <input type="checkbox"/>	RU <input type="checkbox"/>	RC <input type="checkbox"/>
HO <input type="checkbox"/>	YK <input type="checkbox"/>	MC <input type="checkbox"/>	HE <input type="checkbox"/>	XU <input type="checkbox"/>	RV <input type="checkbox"/>	TD <input type="checkbox"/>
GR <input type="checkbox"/>	ZK <input type="checkbox"/>	ND <input type="checkbox"/>	IA <input type="checkbox"/>	XT <input type="checkbox"/>	QV <input type="checkbox"/>	TC <input type="checkbox"/>
GQ <input type="checkbox"/>	YM <input type="checkbox"/>	OB <input type="checkbox"/>	JA <input type="checkbox"/>	UX <input type="checkbox"/>	QW <input type="checkbox"/>	SD <input type="checkbox"/>

<b>46</b>
No films start at 9.30 pm. <input type="checkbox"/>
On Tuesday, a film starts at 9 pm. <input type="checkbox"/>
Films start at 9.15 pm three days each week. <input type="checkbox"/>
A film starts at 9 pm on Monday, Wednesday and at the weekend. <input type="checkbox"/>
All films finish before 11 pm. <input type="checkbox"/>

<b>EXAMPLE</b>	<b>47</b>	<b>48</b>	<b>49</b>	<b>50</b>	<b>51</b>	<b>52</b>
LAD <input type="checkbox"/>	BAG <input type="checkbox"/>	DEN <input type="checkbox"/>	EGG <input type="checkbox"/>	ROE <input type="checkbox"/>	GAP <input type="checkbox"/>	HUM <input type="checkbox"/>
LAW <input checked="" type="checkbox"/>	GET <input type="checkbox"/>	KID <input type="checkbox"/>	LAB <input type="checkbox"/>	AFT <input type="checkbox"/>	NIL <input type="checkbox"/>	GEM <input type="checkbox"/>
HAD <input type="checkbox"/>	EVE <input type="checkbox"/>	PAR <input type="checkbox"/>	ONE <input type="checkbox"/>	APE <input type="checkbox"/>	JOY <input type="checkbox"/>	ACE <input type="checkbox"/>
RAW <input type="checkbox"/>	SAG <input type="checkbox"/>	RAN <input type="checkbox"/>	TUG <input type="checkbox"/>	EAR <input type="checkbox"/>	TON <input type="checkbox"/>	TEN <input type="checkbox"/>
RED <input type="checkbox"/>	BAT <input type="checkbox"/>	LAD <input type="checkbox"/>	RIP <input type="checkbox"/>	OWE <input type="checkbox"/>	POT <input type="checkbox"/>	TRY <input type="checkbox"/>

<b>EXAMPLE</b>	<b>53</b>	<b>54</b>	<b>55</b>	<b>56</b>	<b>57</b>	<b>58</b>
ball <input type="checkbox"/>	grant <input type="checkbox"/>	please <input type="checkbox"/>	flat <input type="checkbox"/>	hop <input type="checkbox"/>	book <input type="checkbox"/>	plot <input type="checkbox"/>
dirt <input type="checkbox"/>	let <input type="checkbox"/>	copy <input type="checkbox"/>	voucher <input type="checkbox"/>	flow <input type="checkbox"/>	path <input type="checkbox"/>	scheme <input type="checkbox"/>
plant <input type="checkbox"/>	agree <input type="checkbox"/>	enjoy <input type="checkbox"/>	counter <input type="checkbox"/>	move <input type="checkbox"/>	walk <input type="checkbox"/>	garden <input type="checkbox"/>
earth <input checked="" type="checkbox"/>	use <input type="checkbox"/>	like <input type="checkbox"/>	sideboard <input type="checkbox"/>	source <input type="checkbox"/>	read <input type="checkbox"/>	land <input type="checkbox"/>
universe <input type="checkbox"/>	loan <input type="checkbox"/>	same <input type="checkbox"/>	coin <input type="checkbox"/>	spring <input type="checkbox"/>	passage <input type="checkbox"/>	conceive <input type="checkbox"/>

