

Fill in your details on this form.

|                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                           |                          |
|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|--------------------------|
| Name:                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                           |                          |
| Surname:                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                           |                          |
| ID number:                                                                             | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |                                                                                           |                          |
| Date of birth:                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                     | Age:                                                                                      |                          |
| Day / Month / Year                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="text"/> <input type="text"/> years                                           |                          |
|  Male | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                            |  Female | <input type="checkbox"/> |
| Today's date:                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                     | Signature                                                                                 |                          |
| Day / Month / Year                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="text"/>                                                                      |                          |

Total number of ticks 

Draw a line to the correct sign.

Danger

Stop

No smoking



Read the passage and then say whether each statement is "true" (yes) or "false" (no).

My name is Maria. I am 27 years old. My baby is 6 months old. I live in Alexandra in Johannesburg. I come from Mozambique. Last night I had to leave my home. The people I live with chased me and my husband away.

True ☒ False ☒

|                                          |  |  |
|------------------------------------------|--|--|
| Maria lived in Soweto.                   |  |  |
| Maria comes from Mozambique.             |  |  |
| Maria is 25 years old.                   |  |  |
| People chased Maria away from Alexandra. |  |  |
| Maria's baby is 8 months old.            |  |  |



③

How many?

|                                                                                     |   |                          |
|-------------------------------------------------------------------------------------|---|--------------------------|
|  | 7 | <input type="checkbox"/> |
|  |   | <input type="checkbox"/> |
|  |   | <input type="checkbox"/> |
|  |   | <input type="checkbox"/> |



④

2



Fill in the missing numbers.

|    |    |    |    |    |    |    |    |    |    |
|----|----|----|----|----|----|----|----|----|----|
|    | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 |
| 61 | 62 | 63 | 64 |    | 66 | 67 | 68 | 69 | 70 |
| 71 | 72 | 73 | 74 | 75 | 76 |    | 78 | 79 | 80 |
| 81 | 82 |    | 84 | 85 | 86 | 87 | 88 | 89 | 90 |
| 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 |    |



Jabu has 8 oranges. He sells 3. How many oranges does Jabu still have?



☐
☐

Mary bought 12 eggs. She dropped 3. How many eggs were left?

☐
☐

5

WHAT SHAPE IS THIS?



\_\_\_\_\_


☐

Draw the shape then shade  $\frac{1}{4}$



\_\_\_\_\_

☐

Draw the shape then shade  $\frac{1}{2}$

6

3

$3 + 7 =$

$4 + 5 =$

$6 - 3 =$

$8 - 4 =$

$6 \times 3 =$

$4 \times 5 =$

$6 \div 3 =$

$10 \div 5 =$

$$\begin{array}{|c|c|} \hline 2 & 2 \\ \hline 1 & 3 \\ \hline \square & \square \\ \hline \end{array} + \square$$

$$\begin{array}{|c|c|} \hline 1 & 6 \\ \hline 1 & 0 \\ \hline \square & \square \\ \hline \end{array} + \square$$

$$\begin{array}{|c|c|} \hline 4 & 9 \\ \hline 1 & 1 \\ \hline \square & \square \\ \hline \end{array} - \square$$

$$\begin{array}{|c|c|} \hline 6 & 2 \\ \hline 2 & 1 \\ \hline \square & \square \\ \hline \end{array} - \square$$

⑦

Write about a wedding

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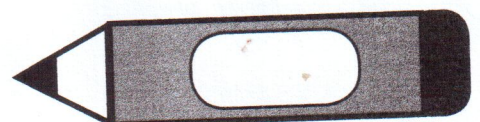
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⑧

Read these words out loud:

|                              |                              |                              |                                 |
|------------------------------|------------------------------|------------------------------|---------------------------------|
| hat <input type="checkbox"/> | dog <input type="checkbox"/> | at <input type="checkbox"/>  | me <input type="checkbox"/>     |
| jug <input type="checkbox"/> | bed <input type="checkbox"/> | got <input type="checkbox"/> | mother <input type="checkbox"/> |
| us <input type="checkbox"/>  | fun <input type="checkbox"/> | mud <input type="checkbox"/> | when <input type="checkbox"/>   |

Total number of ticks



⑨