



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"/>
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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"/>
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Please mark boxes with a thin horizontal line like this .

VERBAL REASONING

EXAMPLE	27	28	29	30	31	32
p <input type="checkbox"/>	m <input type="checkbox"/>	b <input type="checkbox"/>	t <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"/>

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

EXAMPLE	34	35	36
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"/>

37	38	39
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"/>

EXAMPLE	40	41	42	43	44	45
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"/>

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

EXAMPLE	47	48	49	50	51	52
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"/>

EXAMPLE	53	54	55	56	57	58
bail <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"/>

