






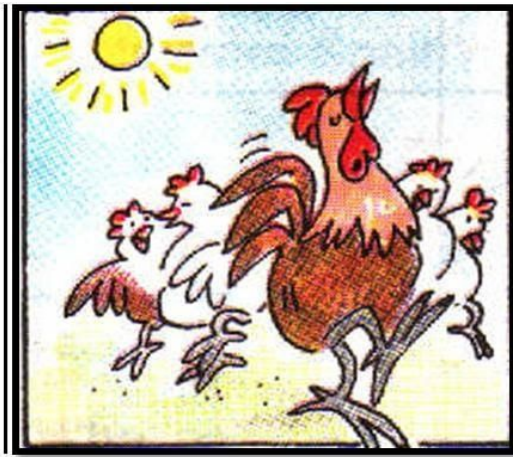


# ENGLISH EXAM

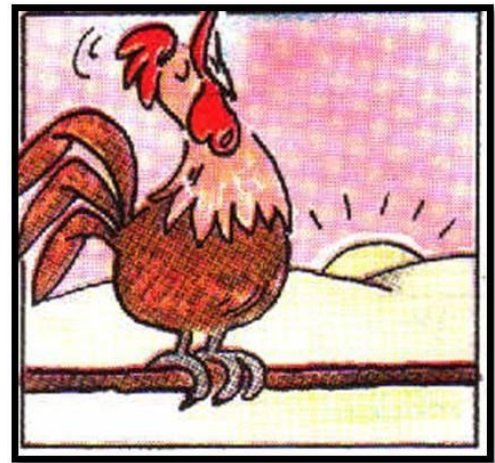
## Listening

Name: _____ Surname: _____ N <sup>ber</sup> : _____ Grade/Class: _____	
Assessment: _____	Date: _____
 <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	Teacher's signature: _____ Parent's signature: _____

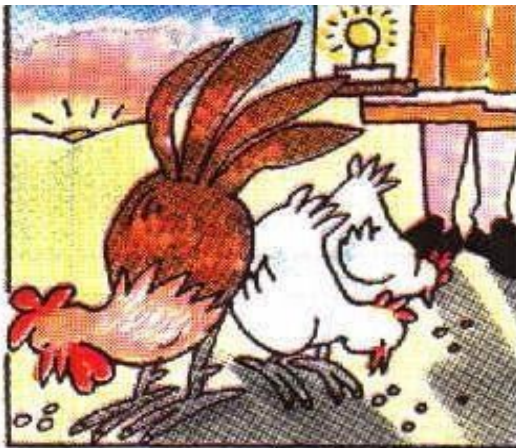
### 1. Listen and number



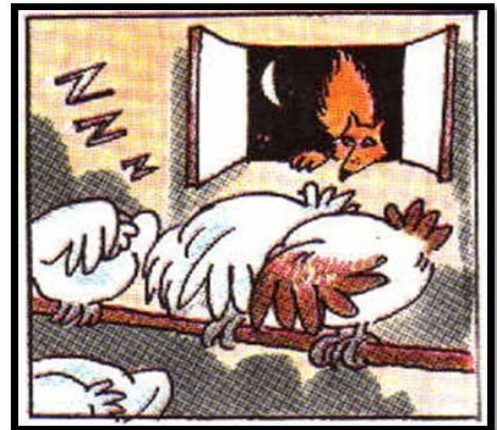
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## ENGLISH EXAM

### Listening

Script

1. Good afternoon everybody!
2. Good morning girls!
3. Good night !
4. Good evening, let's have dinner!