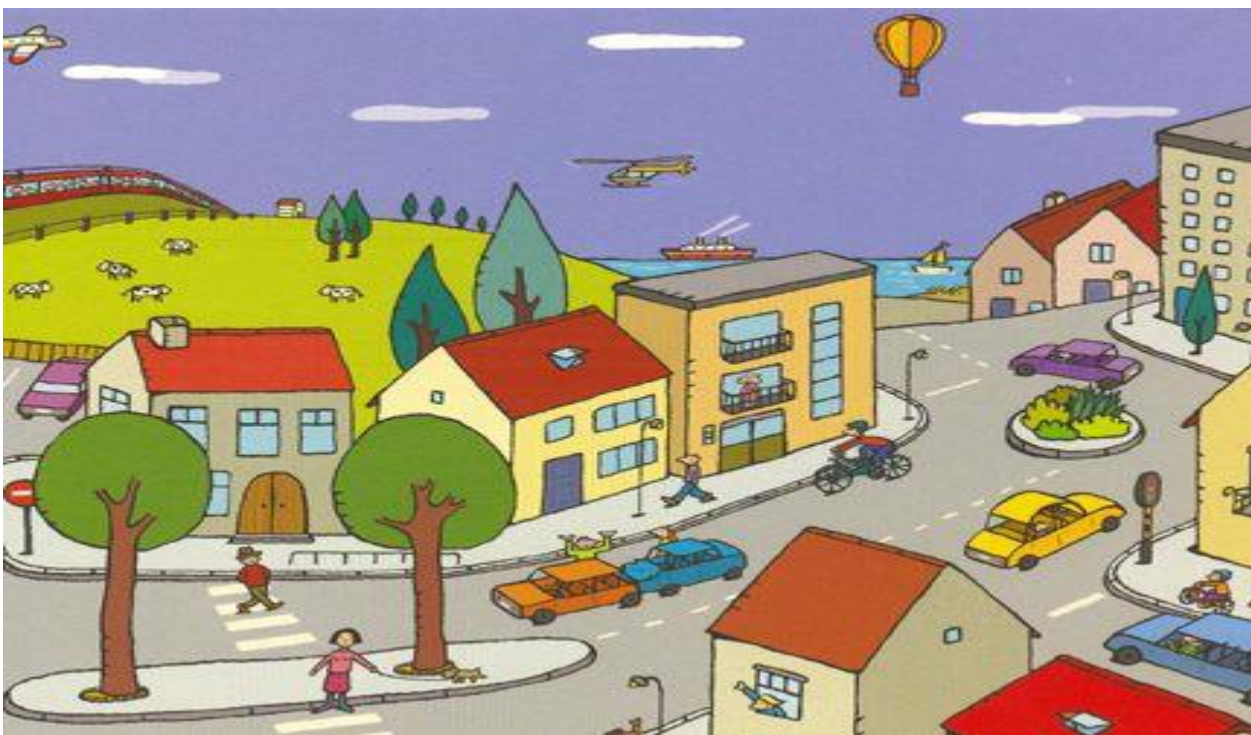




Ex 4 A1 My city

Name: _____ Surname: _____ N ^{ber} : _____ Grade/Class: _____			
Assessment: _____	Date: _____		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<table border="1"> <tr> <td>Teacher's signature: _____</td> <td>Parent's signature: _____</td> </tr> </table>	Teacher's signature: _____	Parent's signature: _____
Teacher's signature: _____	Parent's signature: _____		



Match the following words with the places in a town.

cars/ students/ nurses/ airplanes/ trains/ trees /aspirins

- | | | |
|----|---------------|-------|
| 1. | Hospital | ----- |
| 2. | School | ----- |
| 3. | Airport | ----- |
| 4. | Park | ----- |
| 5. | Pharmacy | ----- |
| 6. | Road | ----- |
| 7. | Train station | ----- |