








Ex. 5

A2

My city

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"/>	<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: _____		

Choose 2 words or expressions from the box below to match them with the places of a city/town.

park / cars / bus / passengers / children / busy street



\_\_\_\_\_



\_\_\_\_\_



\_\_\_\_\_