








Ex. 4 A2 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" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Teacher's signature:</td> <td style="width: 50%; text-align: center;">Parent's signature:</td> </tr> <tr> <td style="height: 40px;"> </td> <td style="height: 40px;"> </td> </tr> </table>	Teacher's signature:	Parent's signature:		
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Match the places in a city with the following words.

Books/ films /playground/ cars/ café

- 1. Park -----
- 2. Public Library -----
- 3. Cinema -----
- 4. Parking -----
- 5. Square -----