






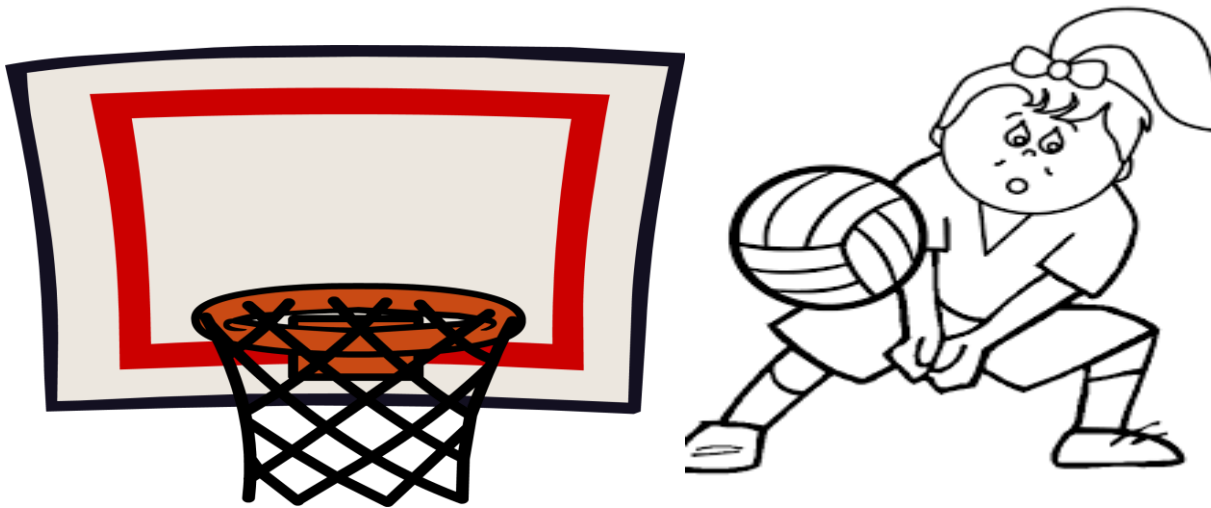


Ex 2

A2

Sports

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: _____



Sports at School

At my school, there are many children who like volleyball and they play it on Tuesdays and Thursdays. Many times we go together with my friends to watch live volleyball matches at our town volleyball court.

Also, there is a basketball court at our school yard and most pupils stay after school on Mondays and Thursdays to play basketball with teams from other schools

Answer the questions

- When do pupils play volleyball at school? \_\_\_\_\_
- Is there a basketball court at school? \_\_\_\_\_
- When do pupils play basketball at school? \_\_\_\_\_