



MULTIPLE CHOICE ANSWER SHEET

DEPARTMENT:

SCHOOL YEAR:

SCHOOL:

SUBJECT:

TIME:

FULL NAME:

CLASS:

Notes:

- Fill in all fields and keep this sheet flat and uncreased.
- Shade only ONE circle per question with a dark pencil or pen.
- Do not erase with sharp objects that may tear the sheet.

SCORE



STUDENT ID

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

TEST CODE

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

	A	B	C	D		A	B	C	D		A	B	C	D		A	B	C	D
1	☐	☐	☐	☐	11	☐	☐	☐	☐	21	☐	☐	☐	☐	31	☐	☐	☐	☐
2	☐	☐	☐	☐	12	☐	☐	☐	☐	22	☐	☐	☐	☐	32	☐	☐	☐	☐
3	☐	☐	☐	☐	13	☐	☐	☐	☐	23	☐	☐	☐	☐	33	☐	☐	☐	☐
4	☐	☐	☐	☐	14	☐	☐	☐	☐	24	☐	☐	☐	☐	34	☐	☐	☐	☐
5	☐	☐	☐	☐	15	☐	☐	☐	☐	25	☐	☐	☐	☐	35	☐	☐	☐	☐
6	☐	☐	☐	☐	16	☐	☐	☐	☐	26	☐	☐	☐	☐	36	☐	☐	☐	☐
7	☐	☐	☐	☐	17	☐	☐	☐	☐	27	☐	☐	☐	☐	37	☐	☐	☐	☐
8	☐	☐	☐	☐	18	☐	☐	☐	☐	28	☐	☐	☐	☐	38	☐	☐	☐	☐
9	☐	☐	☐	☐	19	☐	☐	☐	☐	29	☐	☐	☐	☐	39	☐	☐	☐	☐
10	☐	☐	☐	☐	20	☐	☐	☐	☐	30	☐	☐	☐	☐	40	☐	☐	☐	☐