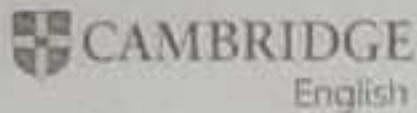




OFFICE USE ONLY - DO NOT WRITE OR MAKE ANY MARK ABOVE THIS LINE



Candidate Name: Uvinda Uthpala

Centre Name: _____

Examination Title: _____

Candidate Signature: _____

Candidate Number:

--	--	--	--

Centre Number:

--	--

Examination Details: _____

Assessment Date: _____

Supervisor: If the candidate is ABSENT or has WITHDRAWN shade here

Preliminary for Schools Listening Candidate Answer Sheet

Instructions
Use a PENCIL (B or HB). Rub out any answer you want to change with an eraser.

For Parts 1, 2 and 4:
Mark one letter for each answer. For example: If you think A is the right answer to the question, mark your answer sheet like this:

A B C

For Part 3:
Write your answers clearly in the spaces next to the numbers (14 to 19) like this:

ENGLISH

Write your answers in CAPITAL LETTERS.

Part 1

1	A	B	C
2	A	B	C
3	A	B	C
4	A	B	C
5	A	B	C
6	A	B	C
7	A	B	C

Part 2

8	A	B	C
9	A	B	C
10	A	B	C
11	A	B	C
12	A	B	C
13	A	B	C

Part 3

14	JOB	Do not write below here
15	PRIMARY SCHOOL	14 1 0
16	FIFTEEN	15 1 0
17	WEATHER	16 1 0
18		17 1 0
19	COFFEE	18 1 0

Part 4

20	A	B	C
21	A	B	C
22	A	B	C
23	A	B	C
24	A	B	C
25	A	B	C

OFFICE USE ONLY - DO NOT WRITE OR MAKE ANY MARK BELOW THIS LINE



You must write within the grey lines.

Write your answer for Part 1 below. Do not write on the barcodes.

Question 1
John,
Thanks John for the email. I'm also excited about the party.
I think the weather will be good. Otherwise the party will be canceled.
I suggest have barbecue.
And also I'm going to present a guitar for him because he loves music well.
See ya!
Olivia

This section for use by Examiner only:

C	CA	D	L



* 00104811102 *

You must write within the grey lines.

Answer only one of the two questions for Part 2.
Tick the box to show which question you have answered.
Write your answer below. Do not write on the barcodes.

Part 2	Question 2 <input type="checkbox"/>	Question 3 <input type="checkbox"/>
<u>Smartphones</u>		
Smartphone is a practically glued to our hand, serving as our ultimate daily assistant. We use it constantly throughout the day, checking it every few minutes to stay connected with friends via messaging apps and social media. Beyond communication, it's our primary tool for everything.		

This section for use by Examiner only:

C	CA	D	L



* 00104811103 *

Candidate Name	Uvinda Uthpala	Candidate Number	<input type="text"/>
Centre Name		Centre Number	<input type="text"/>
Examination Title		Examination Details	<input type="text"/>
Candidate Signature		Assessment Date	<input type="text"/>

Supervisor: If the candidate is ABSENT or has WITHDRAWN shade here

Preliminary for Schools Reading Candidate Answer Sheet

Instructions

Use a PENCIL (B or HB)
Rub out any answer you want to change with an eraser.

For Parts 1, 2, 3, 4 and 5:

Mark ONE letter for each answer.
For example, if you think A is the right answer to the question, mark your answer sheet like this:



Turn over for Part 6:
Write your answers clearly in the spaces next to the numbers (27 to 32) on Page 2.

Part 1			
	A	B	C
1	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
3	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Part 2								
	A	B	C	D	E	F	G	H
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Part 3				
	A	B	C	D
11	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
13	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
14	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Part 4									
	A	B	C	D	E	F	G	H	
16	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Part 5				
	A	B	C	D
21	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
22	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

Turn over for Part 6 →



numbers (27 to 32) like this
Write your answers in CAPITAL LETTERS.

Part 6	
	Do not write below this line
27	WHEN
28	THE
29	WHO
30	THING
31	LIVES
32	DIFFERET



with my Galaxy A30
Samsung Dual Camera

Answer sheet