

ESSENTIAL MATHEMATICS  
EXAMINATION

STUDENT ID: \_\_\_\_\_

DATE: .....

SURNAME  
& INITIALS: .....

	[a]	[b]	[c]	[d]	[e]	cancel	
1	<input type="checkbox"/>	<i>Do not write below</i>					
2	<input type="checkbox"/>	<i>Official use only</i>					
3	<input type="checkbox"/>						
4	<input type="checkbox"/>						
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14	<input type="checkbox"/>						
15	<input type="checkbox"/>						
<i>Use this region for corrections only</i>							
...	<input type="checkbox"/>	PASS <input type="checkbox"/>					
...	<input type="checkbox"/>	FAIL <input type="checkbox"/>					
...	<input type="checkbox"/>						
...	<input type="checkbox"/>						