


Answer sheets

Paper 1A: English and Verbal Reasoning

Student name: _____

Please mark the boxes with a horizontal line like this .

English: The Birds of Avium (pages 6–8)

1	A <input type="checkbox"/>	2	A <input type="checkbox"/>	3	A <input type="checkbox"/>	4	A <input type="checkbox"/>	5	A <input type="checkbox"/>	6	A <input type="checkbox"/>	7	A <input type="checkbox"/>	8	A <input type="checkbox"/>	9	A <input type="checkbox"/>
	B <input type="checkbox"/>		B <input type="checkbox"/>		B <input type="checkbox"/>		B <input type="checkbox"/>		B <input type="checkbox"/>		B <input type="checkbox"/>		B <input type="checkbox"/>		B <input type="checkbox"/>		B <input type="checkbox"/>
	C <input type="checkbox"/>		C <input type="checkbox"/>		C <input type="checkbox"/>		C <input type="checkbox"/>		C <input type="checkbox"/>		C <input type="checkbox"/>		C <input type="checkbox"/>		C <input type="checkbox"/>		C <input type="checkbox"/>
	D <input type="checkbox"/>		D <input type="checkbox"/>		D <input type="checkbox"/>		D <input type="checkbox"/>		D <input type="checkbox"/>		D <input type="checkbox"/>		D <input type="checkbox"/>		D <input type="checkbox"/>		D <input type="checkbox"/>
	E <input type="checkbox"/>		E <input type="checkbox"/>		E <input type="checkbox"/>		E <input type="checkbox"/>		E <input type="checkbox"/>		E <input type="checkbox"/>		E <input type="checkbox"/>		E <input type="checkbox"/>		E <input type="checkbox"/>

Punctuation (page 9)

1	A <input type="checkbox"/>	2	A <input type="checkbox"/>	3	A <input type="checkbox"/>	4	A <input type="checkbox"/>	5	A <input type="checkbox"/>	6	A <input type="checkbox"/>	7	A <input type="checkbox"/>	8	A <input type="checkbox"/>
	B <input type="checkbox"/>		B <input type="checkbox"/>		B <input type="checkbox"/>		B <input type="checkbox"/>		B <input type="checkbox"/>		B <input type="checkbox"/>		B <input type="checkbox"/>		B <input type="checkbox"/>
	C <input type="checkbox"/>		C <input type="checkbox"/>		C <input type="checkbox"/>		C <input type="checkbox"/>		C <input type="checkbox"/>		C <input type="checkbox"/>		C <input type="checkbox"/>		C <input type="checkbox"/>
	D <input type="checkbox"/>		D <input type="checkbox"/>		D <input type="checkbox"/>		D <input type="checkbox"/>		D <input type="checkbox"/>		D <input type="checkbox"/>		D <input type="checkbox"/>		D <input type="checkbox"/>
	N <input type="checkbox"/>		N <input type="checkbox"/>		N <input type="checkbox"/>		N <input type="checkbox"/>		N <input type="checkbox"/>		N <input type="checkbox"/>		N <input type="checkbox"/>		N <input type="checkbox"/>

Spelling (page 10)

1	A <input type="checkbox"/>	2	A <input type="checkbox"/>	3	A <input type="checkbox"/>	4	A <input type="checkbox"/>	5	A <input type="checkbox"/>	6	A <input type="checkbox"/>	7	A <input type="checkbox"/>	8	A <input type="checkbox"/>
	B <input type="checkbox"/>		B <input type="checkbox"/>		B <input type="checkbox"/>		B <input type="checkbox"/>		B <input type="checkbox"/>		B <input type="checkbox"/>		B <input type="checkbox"/>		B <input type="checkbox"/>
	C <input type="checkbox"/>		C <input type="checkbox"/>		C <input type="checkbox"/>		C <input type="checkbox"/>		C <input type="checkbox"/>		C <input type="checkbox"/>		C <input type="checkbox"/>		C <input type="checkbox"/>
	D <input type="checkbox"/>		D <input type="checkbox"/>		D <input type="checkbox"/>		D <input type="checkbox"/>		D <input type="checkbox"/>		D <input type="checkbox"/>		D <input type="checkbox"/>		D <input type="checkbox"/>
	N <input type="checkbox"/>		N <input type="checkbox"/>		N <input type="checkbox"/>		N <input type="checkbox"/>		N <input type="checkbox"/>		N <input type="checkbox"/>		N <input type="checkbox"/>		N <input type="checkbox"/>

Grammar (page 11)

1	A <input type="checkbox"/>	2	A <input type="checkbox"/>	3	A <input type="checkbox"/>	4	A <input type="checkbox"/>	5	A <input type="checkbox"/>	6	A <input type="checkbox"/>	7	A <input type="checkbox"/>
	B <input type="checkbox"/>		B <input type="checkbox"/>		B <input type="checkbox"/>		B <input type="checkbox"/>		B <input type="checkbox"/>		B <input type="checkbox"/>		B <input type="checkbox"/>
	C <input type="checkbox"/>		C <input type="checkbox"/>		C <input type="checkbox"/>		C <input type="checkbox"/>		C <input type="checkbox"/>		C <input type="checkbox"/>		C <input type="checkbox"/>
	D <input type="checkbox"/>		D <input type="checkbox"/>		D <input type="checkbox"/>		D <input type="checkbox"/>		D <input type="checkbox"/>		D <input type="checkbox"/>		D <input type="checkbox"/>
	E <input type="checkbox"/>		E <input type="checkbox"/>		E <input type="checkbox"/>		E <input type="checkbox"/>		E <input type="checkbox"/>		E <input type="checkbox"/>		E <input type="checkbox"/>

Verbal Reasoning (page 12)

Example		1		2		3		4	
friend	<input checked="" type="checkbox"/>	pack	<input type="checkbox"/>	under	<input type="checkbox"/>	wood	<input type="checkbox"/>	car	<input type="checkbox"/>
water	<input type="checkbox"/>	town	<input type="checkbox"/>	key	<input type="checkbox"/>	shop	<input type="checkbox"/>	puff	<input type="checkbox"/>
round	<input type="checkbox"/>	swim	<input type="checkbox"/>	foot	<input type="checkbox"/>	leaf	<input type="checkbox"/>	one	<input type="checkbox"/>
able	<input type="checkbox"/>	less	<input type="checkbox"/>	word	<input type="checkbox"/>	den	<input type="checkbox"/>	on	<input type="checkbox"/>
ship	<input checked="" type="checkbox"/>	ate	<input type="checkbox"/>	door	<input type="checkbox"/>	let	<input type="checkbox"/>	some	<input type="checkbox"/>
ward	<input type="checkbox"/>	age	<input type="checkbox"/>	full	<input type="checkbox"/>	list	<input type="checkbox"/>	go	<input type="checkbox"/>

Answer sheets

Paper 1A: English and Verbal Reasoning

Student name: _____

Please mark the boxes with a horizontal line like this .

Verbal Reasoning (page 13)

Example	1	2	3	4	5
knee <input checked="" type="checkbox"/>	planet <input type="checkbox"/>	stroll <input type="checkbox"/>	friend <input type="checkbox"/>	kettle <input type="checkbox"/>	gymnastics <input type="checkbox"/>
teeth <input checked="" type="checkbox"/>	cavern <input type="checkbox"/>	twist <input type="checkbox"/>	aunt <input type="checkbox"/>	cushion <input type="checkbox"/>	cricket <input type="checkbox"/>
ankle <input type="checkbox"/>	comet <input type="checkbox"/>	glide <input type="checkbox"/>	uncle <input type="checkbox"/>	fridge <input type="checkbox"/>	rounders <input type="checkbox"/>
hat <input checked="" type="checkbox"/>	glacier <input type="checkbox"/>	walk <input type="checkbox"/>	cousin <input type="checkbox"/>	cooker <input type="checkbox"/>	judo <input type="checkbox"/>
toes <input type="checkbox"/>	asteroid <input type="checkbox"/>	amble <input type="checkbox"/>	neighbour <input type="checkbox"/>	pillow <input type="checkbox"/>	football <input type="checkbox"/>

(page 14)

Example	1	2	3	4
Mia bought <input type="checkbox"/>	My gran <input type="checkbox"/>	This attic <input type="checkbox"/>	Put brown <input type="checkbox"/>	Did you <input type="checkbox"/>
bought a <input type="checkbox"/>	gran grew <input type="checkbox"/>	attic key <input type="checkbox"/>	brown earth <input type="checkbox"/>	you see <input type="checkbox"/>
a comb <input type="checkbox"/>	grew a <input type="checkbox"/>	key is <input type="checkbox"/>	earth across <input type="checkbox"/>	see that <input type="checkbox"/>
comb and <input checked="" type="checkbox"/>	a huge <input type="checkbox"/>	is very <input type="checkbox"/>	across the <input type="checkbox"/>	that beast <input type="checkbox"/>
and brush. <input type="checkbox"/>	huge marrow. <input type="checkbox"/>	very rusty! <input type="checkbox"/>	the bulb. <input type="checkbox"/>	beast again? <input type="checkbox"/>

(page 15)

Example	1	2	3	4	5
PQUG <input checked="" type="checkbox"/>	OGNQP <input type="checkbox"/>	TJMHMZ <input type="checkbox"/>	CHART <input type="checkbox"/>	WHITE <input type="checkbox"/>	DPLYPYA <input type="checkbox"/>
OPTF <input type="checkbox"/>	KCJML <input type="checkbox"/>	FOHYHU <input type="checkbox"/>	SHARE <input type="checkbox"/>	DOVES <input type="checkbox"/>	COKXOXZ <input type="checkbox"/>
LMQC <input type="checkbox"/>	LDKNM <input type="checkbox"/>	RHKLKX <input type="checkbox"/>	CHAIN <input type="checkbox"/>	WHALE <input type="checkbox"/>	EQMDZMB <input type="checkbox"/>
GZMC <input type="checkbox"/>	NVOLM <input type="checkbox"/>	PFIAIV <input type="checkbox"/>	CHAIR <input type="checkbox"/>	WHISK <input type="checkbox"/>	DPLYOZC <input type="checkbox"/>
MNRD <input type="checkbox"/>	NFMPO <input type="checkbox"/>	UKNDNA <input type="checkbox"/>	BRAIN <input type="checkbox"/>	CHIMP <input type="checkbox"/>	DPLZQXB <input type="checkbox"/>

(page 16)

Example	1	2	3	4
cook <input type="checkbox"/>	lock <input type="checkbox"/>	ice <input type="checkbox"/>	groan <input type="checkbox"/>	demonstrate <input type="checkbox"/>
mix <input checked="" type="checkbox"/>	tight <input type="checkbox"/>	wet <input type="checkbox"/>	roar <input type="checkbox"/>	complain <input type="checkbox"/>
divide <input type="checkbox"/>	open <input type="checkbox"/>	thaw <input type="checkbox"/>	gulp <input type="checkbox"/>	announce <input type="checkbox"/>
blend <input checked="" type="checkbox"/>	loose <input type="checkbox"/>	frozen <input type="checkbox"/>	bellow <input type="checkbox"/>	argue <input type="checkbox"/>
paint <input type="checkbox"/>	fasten <input type="checkbox"/>	defrost <input type="checkbox"/>	sneer <input type="checkbox"/>	debate <input type="checkbox"/>
friendly <input type="checkbox"/>	door <input type="checkbox"/>	solid <input type="checkbox"/>	giggle <input type="checkbox"/>	proclaim <input type="checkbox"/>

(page 17)

Example	1	2	3
4 <input type="checkbox"/>	43 <input type="checkbox"/>	74 <input type="checkbox"/>	88 <input type="checkbox"/>
6 <input type="checkbox"/>	44 <input type="checkbox"/>	75 <input type="checkbox"/>	86 <input type="checkbox"/>
8 <input type="checkbox"/>	45 <input type="checkbox"/>	79 <input type="checkbox"/>	85 <input type="checkbox"/>
10 <input checked="" type="checkbox"/>	46 <input type="checkbox"/>	72 <input type="checkbox"/>	87 <input type="checkbox"/>
12 <input type="checkbox"/>	47 <input type="checkbox"/>	76 <input type="checkbox"/>	84 <input type="checkbox"/>

Reading Question (page 17)

1
A <input type="checkbox"/>
B <input type="checkbox"/>
C <input type="checkbox"/>
D <input type="checkbox"/>
E <input type="checkbox"/>

Answer sheets

Paper 1B: Mathematics and Non-verbal Reasoning

Student name:

Please mark the boxes with a horizontal line like this \equiv .

Mathematics (pages 19–24)

1 MIMILVI <input type="checkbox"/> MCMLIV <input type="checkbox"/> MMXLV <input type="checkbox"/> MCMXLVI <input type="checkbox"/> MCMXXXVI <input type="checkbox"/>	2 75° <input type="checkbox"/> 70° <input type="checkbox"/> 60° <input type="checkbox"/> 85° <input type="checkbox"/> 80° <input type="checkbox"/>	3 9 <input type="checkbox"/> 17 <input type="checkbox"/> 32 <input type="checkbox"/> 36 <input type="checkbox"/> 68 <input type="checkbox"/>	4 53,600 <input type="checkbox"/> 53,600 <input type="checkbox"/> 53,000 <input type="checkbox"/> 53,610 <input type="checkbox"/> 53,600 <input type="checkbox"/> 54,000 <input type="checkbox"/> 53,610 <input type="checkbox"/> 53,700 <input type="checkbox"/> 53,000 <input type="checkbox"/> 53,600 <input type="checkbox"/> 53,000 <input type="checkbox"/> 50,000 <input type="checkbox"/> 53,607 <input type="checkbox"/> 53,600 <input type="checkbox"/> 53,000 <input type="checkbox"/>	5 40 <input type="checkbox"/> 52 <input type="checkbox"/> 44 <input type="checkbox"/> 56 <input type="checkbox"/> 28 <input type="checkbox"/>	
6 $6 \times 8 \div 4$ <input type="checkbox"/> $8 \times 0.4 \times 6$ <input type="checkbox"/> $\frac{3}{4} \times 6 \times 8$ <input type="checkbox"/> $6 \times 0.25 \times 8$ <input type="checkbox"/> $(6 + 8) \times 4$ <input type="checkbox"/>	7 £6.80 <input type="checkbox"/> £6.44 <input type="checkbox"/> £6.68 <input type="checkbox"/> £5.48 <input type="checkbox"/> £6.08 <input type="checkbox"/>	8 300 <input type="checkbox"/> 500 <input type="checkbox"/> 400 <input type="checkbox"/> 600 <input type="checkbox"/> 200 <input type="checkbox"/>	9 111 <input type="checkbox"/> 101 <input type="checkbox"/> 122 <input type="checkbox"/> 121 <input type="checkbox"/> 109 <input type="checkbox"/>	10 24cm ² <input type="checkbox"/> 40cm ² <input type="checkbox"/> 16cm ² <input type="checkbox"/> 48cm ² <input type="checkbox"/> 32cm ² <input type="checkbox"/>	11 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>
12 439 <input type="checkbox"/> 580 <input type="checkbox"/> 612 <input type="checkbox"/> 263 <input type="checkbox"/> 397 <input type="checkbox"/>	13 $\frac{1}{2}$ <input type="checkbox"/> $\frac{6}{15}$ <input type="checkbox"/> $\frac{3}{5}$ <input type="checkbox"/> $\frac{7}{14}$ <input type="checkbox"/> $\frac{7}{10}$ <input type="checkbox"/>	14 24% of 50 <input type="checkbox"/> 80% of 15 <input type="checkbox"/> 50% of 24 <input type="checkbox"/> 20% of 55 <input type="checkbox"/> 60% of 20 <input type="checkbox"/>	15 46cm <input type="checkbox"/> 37.5cm <input type="checkbox"/> 23cm <input type="checkbox"/> 11.5cm <input type="checkbox"/> 34.5cm <input type="checkbox"/>	16 Forty thousand, two hundred and thirteen <input type="checkbox"/> Forty-two thousand and thirteen <input type="checkbox"/> Forty thousand, two hundred and thirty-one <input type="checkbox"/> Forty-two thousand, zero hundred and thirteen <input type="checkbox"/> Forty-two thousand and thirty-one <input type="checkbox"/>	
17 2400ml <input type="checkbox"/> 3100ml <input type="checkbox"/> 290ml <input type="checkbox"/> 2.9 litres <input type="checkbox"/> 1.4 litres <input type="checkbox"/>	18 (6, 0) <input type="checkbox"/> (7, 4) <input type="checkbox"/> (4, 6) <input type="checkbox"/> (7, 6) <input type="checkbox"/> (4, 7) <input type="checkbox"/>	19 15 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 7 <input type="checkbox"/> 25 <input type="checkbox"/>	20 62.68 <input type="checkbox"/> 52.70 <input type="checkbox"/> 52.78 <input type="checkbox"/> 6.4 <input type="checkbox"/> 62.78 <input type="checkbox"/>	21 $\frac{1}{2}$ > 30% <input type="checkbox"/> $\frac{2}{3}$ > 90% <input type="checkbox"/> $\frac{3}{4}$ < 80% <input type="checkbox"/> $\frac{4}{5}$ > 50% <input type="checkbox"/> $\frac{5}{6}$ < 65% <input type="checkbox"/>	22 a fraction. <input type="checkbox"/> odd. <input type="checkbox"/> divisible by 3. <input type="checkbox"/> greater than 4. <input type="checkbox"/> a multiple of 2. <input type="checkbox"/>
23 1, 2, 3 and 4 <input type="checkbox"/> 1, 2, 6 and 8 <input type="checkbox"/> 1, 2, 4 and 6 <input type="checkbox"/> 1, 2, 4 and 8 <input type="checkbox"/> 1, 3, 4 and 8 <input type="checkbox"/>	24 4 <input type="checkbox"/> 9 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>	25 100 <input type="checkbox"/> 64 <input type="checkbox"/> 72 <input type="checkbox"/> 81 <input type="checkbox"/> 16 <input type="checkbox"/>			

Answer sheets

Paper 1B: Mathematics and Non-verbal Reasoning

Student name:

Please mark the boxes with a horizontal line like this .

Non-verbal Reasoning: Matrices (pages 25–27)

Example A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input checked="" type="checkbox"/> E <input type="checkbox"/>	1 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	2 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	3 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	4 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	5 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	6 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	7 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	8 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>		
9 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	10 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	11 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	12 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	13 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>						

Odd One Out (pages 28–30)

Example A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	1 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	2 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	3 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	4 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	5 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	6 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	7 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	8 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>		
9 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	10 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	11 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	12 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	13 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>						

Answer sheets

Paper 2A: English and Verbal Reasoning

Student name:

Please mark the boxes with a horizontal line like this .

English: Puppets (pages 32 and 41–42)

1	A <input type="checkbox"/>	2	A <input type="checkbox"/>	3	A <input type="checkbox"/>	4	A <input type="checkbox"/>	5	A <input type="checkbox"/>	6	A <input type="checkbox"/>	7	A <input type="checkbox"/>	8	A <input type="checkbox"/>	9	A <input type="checkbox"/>	10	A <input type="checkbox"/>
	B <input type="checkbox"/>		B <input type="checkbox"/>		B <input type="checkbox"/>		B <input type="checkbox"/>		B <input type="checkbox"/>		B <input type="checkbox"/>		B <input type="checkbox"/>		B <input type="checkbox"/>		B <input type="checkbox"/>		B <input type="checkbox"/>
	C <input type="checkbox"/>		C <input type="checkbox"/>		C <input type="checkbox"/>		C <input type="checkbox"/>		C <input type="checkbox"/>		C <input type="checkbox"/>		C <input type="checkbox"/>		C <input type="checkbox"/>		C <input type="checkbox"/>		C <input type="checkbox"/>
	D <input type="checkbox"/>		D <input type="checkbox"/>		D <input type="checkbox"/>		D <input type="checkbox"/>		D <input type="checkbox"/>		D <input type="checkbox"/>		D <input type="checkbox"/>		D <input type="checkbox"/>		D <input type="checkbox"/>		D <input type="checkbox"/>
	E <input type="checkbox"/>		E <input type="checkbox"/>		E <input type="checkbox"/>		E <input type="checkbox"/>		E <input type="checkbox"/>		E <input type="checkbox"/>		E <input type="checkbox"/>		E <input type="checkbox"/>		E <input type="checkbox"/>		E <input type="checkbox"/>

Barge Holidays (page 43)

1	A <input type="checkbox"/>	2	A <input type="checkbox"/>	3	A <input type="checkbox"/>	4	A <input type="checkbox"/>	5	A <input type="checkbox"/>	6	A <input type="checkbox"/>	7	A <input type="checkbox"/>	8	A <input type="checkbox"/>
	B <input type="checkbox"/>		B <input type="checkbox"/>		B <input type="checkbox"/>		B <input type="checkbox"/>		B <input type="checkbox"/>		B <input type="checkbox"/>		B <input type="checkbox"/>		B <input type="checkbox"/>
	C <input type="checkbox"/>		C <input type="checkbox"/>		C <input type="checkbox"/>		C <input type="checkbox"/>		C <input type="checkbox"/>		C <input type="checkbox"/>		C <input type="checkbox"/>		C <input type="checkbox"/>
	D <input type="checkbox"/>		D <input type="checkbox"/>		D <input type="checkbox"/>		D <input type="checkbox"/>		D <input type="checkbox"/>		D <input type="checkbox"/>		D <input type="checkbox"/>		D <input type="checkbox"/>
	N <input type="checkbox"/>		N <input type="checkbox"/>		N <input type="checkbox"/>		N <input type="checkbox"/>		N <input type="checkbox"/>		N <input type="checkbox"/>		N <input type="checkbox"/>		N <input type="checkbox"/>

The Great Exhibition (page 44)

1	A <input type="checkbox"/>	2	A <input type="checkbox"/>	3	A <input type="checkbox"/>	4	A <input type="checkbox"/>	5	A <input type="checkbox"/>	6	A <input type="checkbox"/>	7	A <input type="checkbox"/>	8	A <input type="checkbox"/>
	B <input type="checkbox"/>		B <input type="checkbox"/>		B <input type="checkbox"/>		B <input type="checkbox"/>		B <input type="checkbox"/>		B <input type="checkbox"/>		B <input type="checkbox"/>		B <input type="checkbox"/>
	C <input type="checkbox"/>		C <input type="checkbox"/>		C <input type="checkbox"/>		C <input type="checkbox"/>		C <input type="checkbox"/>		C <input type="checkbox"/>		C <input type="checkbox"/>		C <input type="checkbox"/>
	D <input type="checkbox"/>		D <input type="checkbox"/>		D <input type="checkbox"/>		D <input type="checkbox"/>		D <input type="checkbox"/>		D <input type="checkbox"/>		D <input type="checkbox"/>		D <input type="checkbox"/>
	N <input type="checkbox"/>		N <input type="checkbox"/>		N <input type="checkbox"/>		N <input type="checkbox"/>		N <input type="checkbox"/>		N <input type="checkbox"/>		N <input type="checkbox"/>		N <input type="checkbox"/>

The Great Storm (page 45)

1	A <input type="checkbox"/>	2	A <input type="checkbox"/>	3	A <input type="checkbox"/>	4	A <input type="checkbox"/>	5	A <input type="checkbox"/>	6	A <input type="checkbox"/>	7	A <input type="checkbox"/>	8	A <input type="checkbox"/>
	B <input type="checkbox"/>		B <input type="checkbox"/>		B <input type="checkbox"/>		B <input type="checkbox"/>		B <input type="checkbox"/>		B <input type="checkbox"/>		B <input type="checkbox"/>		B <input type="checkbox"/>
	C <input type="checkbox"/>		C <input type="checkbox"/>		C <input type="checkbox"/>		C <input type="checkbox"/>		C <input type="checkbox"/>		C <input type="checkbox"/>		C <input type="checkbox"/>		C <input type="checkbox"/>
	D <input type="checkbox"/>		D <input type="checkbox"/>		D <input type="checkbox"/>		D <input type="checkbox"/>		D <input type="checkbox"/>		D <input type="checkbox"/>		D <input type="checkbox"/>		D <input type="checkbox"/>
	E <input type="checkbox"/>		E <input type="checkbox"/>		E <input type="checkbox"/>		E <input type="checkbox"/>		E <input type="checkbox"/>		E <input type="checkbox"/>		E <input type="checkbox"/>		E <input type="checkbox"/>

Answer sheets

Paper 2A: English and Verbal Reasoning

Student name: _____

Please mark the boxes with a horizontal line like this .

Verbal Reasoning (page 46)

Example	1	2	3	4	5
ear <input type="checkbox"/>	amp <input type="checkbox"/>	bow <input type="checkbox"/>	eat <input type="checkbox"/>	top <input type="checkbox"/>	sent <input type="checkbox"/>
are <input type="checkbox"/>	map <input type="checkbox"/>	low <input type="checkbox"/>	heat <input type="checkbox"/>	pot <input type="checkbox"/>	tent <input type="checkbox"/>
pea <input checked="" type="checkbox"/>	dam <input type="checkbox"/>	lob <input type="checkbox"/>	tea <input type="checkbox"/>	tor <input type="checkbox"/>	nest <input type="checkbox"/>
ape <input type="checkbox"/>	mad <input type="checkbox"/>	owl <input type="checkbox"/>	hat <input type="checkbox"/>	sort <input type="checkbox"/>	mint <input type="checkbox"/>
par <input type="checkbox"/>	pad <input type="checkbox"/>	ow <input type="checkbox"/>	cat <input type="checkbox"/>	port <input type="checkbox"/>	meet <input type="checkbox"/>

(page 47)

Example	1	2	3	4
tall <input checked="" type="checkbox"/>	boiling <input type="checkbox"/>	triangular <input type="checkbox"/>	busy <input type="checkbox"/>	lazy <input type="checkbox"/>
happy <input type="checkbox"/>	red <input type="checkbox"/>	Egypt <input type="checkbox"/>	tiny <input type="checkbox"/>	wary <input type="checkbox"/>
green <input type="checkbox"/>	rock <input type="checkbox"/>	tomb <input type="checkbox"/>	black <input type="checkbox"/>	polite <input type="checkbox"/>
table <input type="checkbox"/>	float <input type="checkbox"/>	house <input type="checkbox"/>	silverback <input type="checkbox"/>	careful <input type="checkbox"/>
red <input type="checkbox"/>	frozen <input type="checkbox"/>	rectangular <input type="checkbox"/>	fur <input type="checkbox"/>	impulsive <input type="checkbox"/>
high <input checked="" type="checkbox"/>	Arctic <input type="checkbox"/>	cement <input type="checkbox"/>	huge <input type="checkbox"/>	relaxed <input type="checkbox"/>

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Example	1	2	3	4	5
RED <input type="checkbox"/>	ALL <input type="checkbox"/>	LON <input type="checkbox"/>	OLD <input type="checkbox"/>	TAR <input type="checkbox"/>	CAT <input type="checkbox"/>
EAR <input checked="" type="checkbox"/>	EEL <input type="checkbox"/>	TEN <input type="checkbox"/>	OUR <input type="checkbox"/>	PAR <input type="checkbox"/>	CAN <input type="checkbox"/>
RAN <input type="checkbox"/>	RAY <input type="checkbox"/>	TIN <input type="checkbox"/>	ANT <input type="checkbox"/>	HAT <input type="checkbox"/>	RAY <input type="checkbox"/>
ILL <input type="checkbox"/>	HAT <input type="checkbox"/>	SUN <input type="checkbox"/>	HOT <input type="checkbox"/>	CAR <input type="checkbox"/>	KIT <input type="checkbox"/>
EYE <input type="checkbox"/>	HEN <input type="checkbox"/>	TON <input type="checkbox"/>	INN <input type="checkbox"/>	AND <input type="checkbox"/>	DAY <input type="checkbox"/>

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1	2	3	4	5
9137 <input type="checkbox"/>	5173 <input type="checkbox"/>	4174 <input type="checkbox"/>	MEET <input type="checkbox"/>	BEAN <input type="checkbox"/>
7319 <input type="checkbox"/>	4391 <input type="checkbox"/>	4335 <input type="checkbox"/>	TEEM <input type="checkbox"/>	BETA <input type="checkbox"/>
5134 <input type="checkbox"/>	9731 <input type="checkbox"/>	9174 <input type="checkbox"/>	BEEN <input type="checkbox"/>	BEAT <input type="checkbox"/>
9317 <input type="checkbox"/>	4371 <input type="checkbox"/>	5174 <input type="checkbox"/>	ETTA <input type="checkbox"/>	BEAM <input type="checkbox"/>
9337 <input type="checkbox"/>	4139 <input type="checkbox"/>	5394 <input type="checkbox"/>	ANNA <input type="checkbox"/>	TEAM <input type="checkbox"/>

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Example	1	2	3	4
clean <input checked="" type="checkbox"/>	hunter <input type="checkbox"/>	almost <input type="checkbox"/>	fertile <input type="checkbox"/>	hollow <input type="checkbox"/>
scrub <input type="checkbox"/>	prowl <input type="checkbox"/>	identical <input type="checkbox"/>	forest <input type="checkbox"/>	valley <input type="checkbox"/>
fresh <input type="checkbox"/>	stalk <input type="checkbox"/>	two <input type="checkbox"/>	flower <input type="checkbox"/>	insincere <input type="checkbox"/>
mud <input type="checkbox"/>	alert <input type="checkbox"/>	different <input type="checkbox"/>	coral <input type="checkbox"/>	solid <input type="checkbox"/>
dirty <input checked="" type="checkbox"/>	prey <input type="checkbox"/>	match <input type="checkbox"/>	barren <input type="checkbox"/>	echo <input type="checkbox"/>
rinse <input type="checkbox"/>	camouflage <input type="checkbox"/>	copy <input type="checkbox"/>	tree <input type="checkbox"/>	tubular <input type="checkbox"/>

Reading Question
(page 51)

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Example	1	2	3	4	1
A <input type="checkbox"/>	A <input type="checkbox"/>	A <input type="checkbox"/>	A <input type="checkbox"/>	A <input type="checkbox"/>	A <input type="checkbox"/>
B <input type="checkbox"/>	B <input type="checkbox"/>	B <input type="checkbox"/>	B <input type="checkbox"/>	B <input type="checkbox"/>	B <input type="checkbox"/>
C <input type="checkbox"/>	C <input type="checkbox"/>	C <input type="checkbox"/>	C <input type="checkbox"/>	C <input type="checkbox"/>	C <input type="checkbox"/>
D <input checked="" type="checkbox"/>	D <input type="checkbox"/>	D <input type="checkbox"/>	D <input type="checkbox"/>	D <input type="checkbox"/>	D <input type="checkbox"/>
E <input type="checkbox"/>	E <input type="checkbox"/>	E <input type="checkbox"/>	E <input type="checkbox"/>	E <input type="checkbox"/>	E <input type="checkbox"/>

Answer sheets

Paper 2B: Mathematics and Non-verbal Reasoning

Student name:

Please mark the boxes with a horizontal line like this \equiv .

Mathematics (pages 53–58)

1 136.356 <input type="checkbox"/> 136.136 <input type="checkbox"/> 136.653 <input type="checkbox"/> 136.631 <input type="checkbox"/> 135.563 <input type="checkbox"/>	2 50° <input type="checkbox"/> 90° <input type="checkbox"/> 300° <input type="checkbox"/> 30° <input type="checkbox"/> 70° <input type="checkbox"/>	3 11 hours <input type="checkbox"/> 12 hours <input type="checkbox"/> 13 hours <input type="checkbox"/> 14 hours <input type="checkbox"/> 15 hours <input type="checkbox"/>	4 7:55 <input type="checkbox"/> 8:00 <input type="checkbox"/> 8:10 <input type="checkbox"/> 8:25 <input type="checkbox"/> 8:45 <input type="checkbox"/>	5 27 <input type="checkbox"/> 125 <input type="checkbox"/> 64 <input type="checkbox"/> 1 <input type="checkbox"/> 81 <input type="checkbox"/>
6 I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/>	7 $\frac{3}{8}$ <input type="checkbox"/> $\frac{5}{12}$ <input type="checkbox"/> $\frac{1}{5}$ <input type="checkbox"/> $\frac{2}{5}$ <input type="checkbox"/> $\frac{7}{12}$ <input type="checkbox"/>	8 $\frac{1}{2}$ <input type="checkbox"/> $\frac{11}{24}$ <input type="checkbox"/> $\frac{3}{8}$ <input type="checkbox"/> $\frac{9}{12}$ <input type="checkbox"/> $\frac{1}{3}$ <input type="checkbox"/>	9 154,554 <input type="checkbox"/> 154,455 <input type="checkbox"/> 154,545 <input type="checkbox"/> 153,455 <input type="checkbox"/> 155,445 <input type="checkbox"/>	10 10kg <input type="checkbox"/> 5kg <input type="checkbox"/> 25kg <input type="checkbox"/> 20kg <input type="checkbox"/> 15kg <input type="checkbox"/>
11 £15 <input type="checkbox"/> £10.50 <input type="checkbox"/> £12 <input type="checkbox"/> £18 <input type="checkbox"/> £13.50 <input type="checkbox"/>	12 111,111 <input type="checkbox"/> 12,111 <input type="checkbox"/> 12,121 <input type="checkbox"/> 11,211 <input type="checkbox"/> 12,120 <input type="checkbox"/>	13 $3^2 + 1 - 4$ <input type="checkbox"/> $4 + 3 - 1^2$ <input type="checkbox"/> $14 - 2^3$ <input type="checkbox"/> $(4^2 - 1) \div 3$ <input type="checkbox"/> $(3 \times 4) \div (2 \times 1)$ <input type="checkbox"/>	14 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	15 (9, 6) <input type="checkbox"/> (6, 3) <input type="checkbox"/> (6, 4) <input type="checkbox"/> (9, 4) <input type="checkbox"/> (3, 6) <input type="checkbox"/>
16 £1.55 <input type="checkbox"/> £8.45 <input type="checkbox"/> £1.05 <input type="checkbox"/> 70p <input type="checkbox"/> 45p <input type="checkbox"/>	17 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	18 50% <input type="checkbox"/> 90% <input type="checkbox"/> 75% <input type="checkbox"/> 65% <input type="checkbox"/> 45% <input type="checkbox"/>	19 110 <input type="checkbox"/> 102 <input type="checkbox"/> 104 <input type="checkbox"/> 108 <input type="checkbox"/> 100 <input type="checkbox"/>	20 4 weeks <input type="checkbox"/> 5 weeks <input type="checkbox"/> 6 weeks <input type="checkbox"/> 7 weeks <input type="checkbox"/> 8 weeks <input type="checkbox"/>
21 2000 litres <input type="checkbox"/> 2500 litres <input type="checkbox"/> 3000 litres <input type="checkbox"/> 3500 litres <input type="checkbox"/> 4000 litres <input type="checkbox"/>	22 16 <input type="checkbox"/> 2 <input type="checkbox"/> 49 <input type="checkbox"/> 21 <input type="checkbox"/> 13 <input type="checkbox"/>	23 12 <input type="checkbox"/> 16 <input type="checkbox"/> 2 <input type="checkbox"/> 32 <input type="checkbox"/> 8 <input type="checkbox"/>	24 1, 2 and 5 <input type="checkbox"/> 1, 2 and 3 <input type="checkbox"/> 1, 2, 4 and 5 <input type="checkbox"/> 2, 5 and 20 <input type="checkbox"/> 5 and 20 <input type="checkbox"/>	25 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>

Answer sheets

Paper 2B: Mathematics and Non-verbal Reasoning

Student name:

Please mark the boxes with a horizontal line like this .

Non-verbal Reasoning: Codes (in a box) (pages 59–61)

Example A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	1 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	2 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	3 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	4 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	5 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	6 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	7 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	8 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>
9 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	10 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	11 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	12 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	13 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>				

Like Figures (pages 62–64)

Example A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	1 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	2 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	3 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	4 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	5 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	6 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	7 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	8 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>
9 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	10 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	11 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	12 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	13 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>				