Selective Entrance Test

ANSWER BOOKLET

Given Name

Family Name

NAMES: ____________________________________________________________

DATE OF BIRTH: / / 

Day Month Year

CURRENT YEAR LEVEL: [ ] [ ] [ ] [ ]

MARKING INSTRUCTION
• Completely fill in the oval of your choice
• Use a black pencil.
• Do not use a blue/black or red pen
• Completely erase any errors or stray marks.

Use Pencil Only

READING COMPREHENSION

1 A B C D 9 A B C D 17 A B C D 25 A B C D 33 A B C D
2 A B C D 10 A B C D 18 A B C D 26 A B C D 34 A B C D
3 A B C D 11 A B C D 19 A B C D 27 A B C D 35 A B C D
4 A B C D 12 A B C D 20 A B C D 
5 A B C D 13 A B C D 21 A B C D
6 A B C D 14 A B C D 22 A B C D
7 A B C D 15 A B C D 23 A B C D
8 A B C D 16 A B C D 24 A B C D

QUANTITATIVE REASONING

1 A B C D 9 A B C D 17 A B C D 25 A B C D 33 A B C D
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ACER

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## MARKING INSTRUCTION
- Completely fill in the oval of your choice
- Use a black pencil.
- Do not use a blue/black or red pen
- Completely erase any errors or stray marks.

Use Pencil Only

### Year 6 students enter answers here:

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DO NOT DETACH NOR FOLD OR DEFACE THIS SHEET IN ANY WAY
Selective Entrance Test

COMMUNICATING IDEAS IN WRITING

Given Name          Family Name

NAMES: ................................................................................................................

YEAR LEVEL:     6  8  9  10

DO NOT TURN THIS PAGE UNTIL YOU ARE TOLD
COMMUNICATING IDEAS IN WRITING
Use this blank space for planning and rough work

Start Writing here

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USE THIS PAGE FOR ANY PLANNING OR ROUGH WORK