


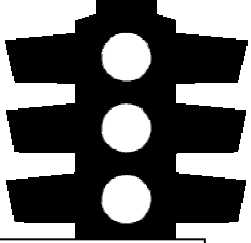
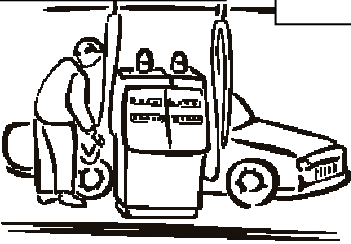
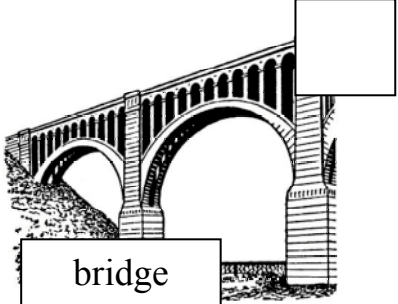


My Route To School (1)

Name: _____ Date: _____

• Tick the boxes of the things you see on your way to school...

<p>church <input type="checkbox"/></p> 	<p>telephone box <input type="checkbox"/></p> 	<p>park <input type="checkbox"/></p> 
<p>traffic lights <input type="checkbox"/></p> 	<p>petrol station <input type="checkbox"/></p> 	<p>bridge <input type="checkbox"/></p> 

• Draw two more things that you see...

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