



Answer Sheet

Name

Section 1 Signs, Signals and Safer Crossing Places (1 point for every question)

Question 1	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	<input type="checkbox"/>	
Question 2	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	<input type="checkbox"/>	
Question 3	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	<input type="checkbox"/>	
Question 4	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	<input type="checkbox"/>	Section Total <input type="text"/>

Section 2 Cars (1 point for every question)

Question 1	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	<input type="checkbox"/>	
Question 2	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	<input type="checkbox"/>	
Question 3	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	<input type="checkbox"/>	
Question 4	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	<input type="checkbox"/>	Section Total <input type="text"/>

Section 3 Cycling (1 point for every question)

Question 1	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	<input type="checkbox"/>	
Question 2	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	<input type="checkbox"/>	
Question 3	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	<input type="checkbox"/>	
Question 4	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	<input type="checkbox"/>	Section Total <input type="text"/>

Section 4 Walking to school (1 point for every question)

Question 1	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	<input type="checkbox"/>	
Question 2	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	<input type="checkbox"/>	
Question 3	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	<input type="checkbox"/>	
Question 4	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	<input type="checkbox"/>	Section Total <input type="text"/>

Section 5 Bonus round (2 points for every question)

Question 1	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	<input type="checkbox"/>	
Question 2	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	<input type="checkbox"/>	
Question 3	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	<input type="checkbox"/>	
Question 4	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	<input type="checkbox"/>	Section Total <input type="text"/>

Grand Total	<input type="text"/>
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