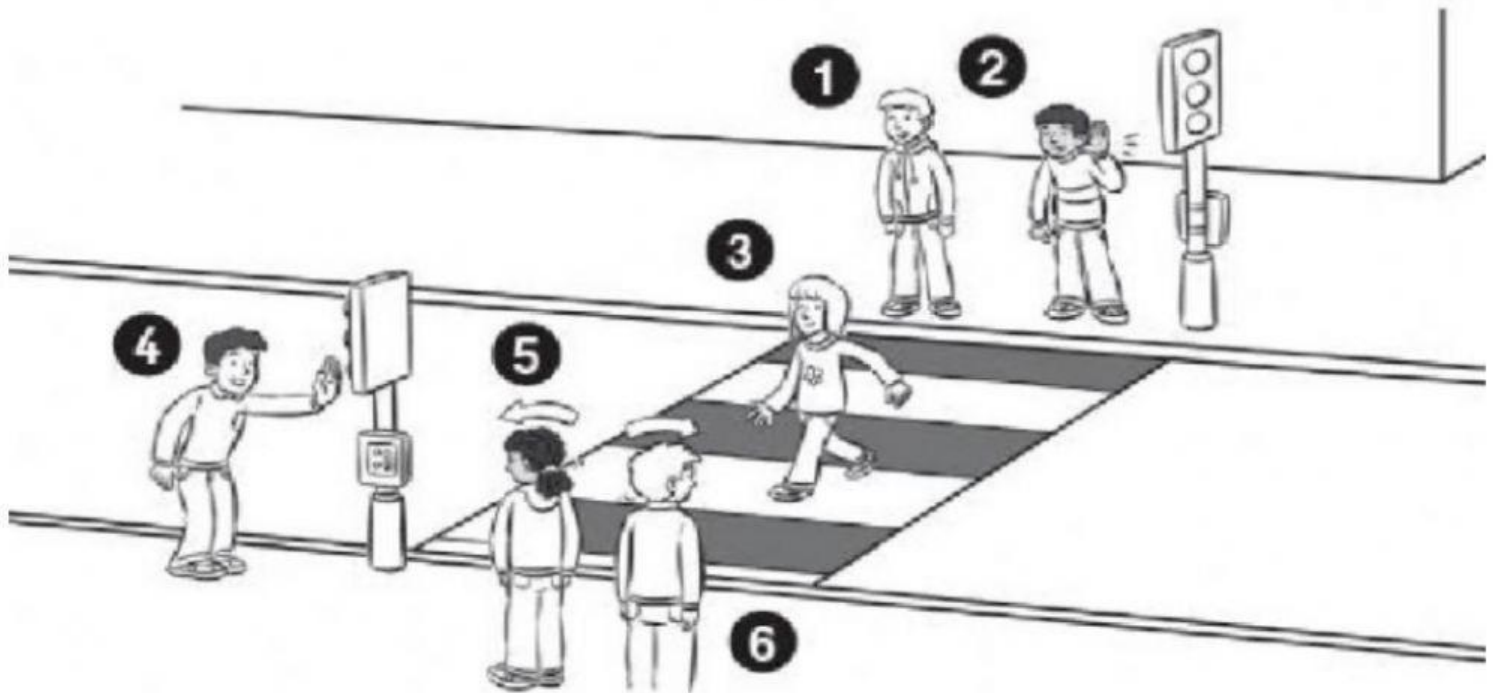


Name: _____

Date: _____

Road Safety

1. Fill in the blanks



Listen	Cross the road
Stop	Look Left
Look right	Stand on Pavement

1.

4.

2.

5.

3.

6.