Nome:_____

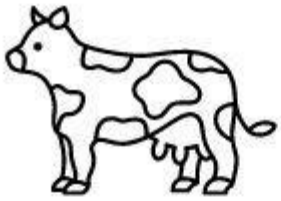
Data: __/__/__

# ATIVIDADE DE ALFABETIZAÇÃO

Use as sílabas abaixo para completar as palavras

| | | | |
|---|---|---|---|
| VA | GA | LA | Á |
| BO | SA | BO | ME |

___TA



___CA

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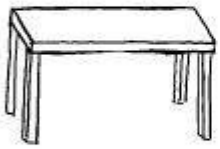

___SA

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LIVEWORKSHEETS