

Personal Information Practice Activity  
Ms. Laana

1. What is your first name?

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2. When is your birthday?

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3. How old are you?

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4. What is the name of your school?

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5. What is the name of your teacher?

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6. How do you get to school?

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7. Who is your parent/guardian?

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8. What number should you call in an emergency?

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