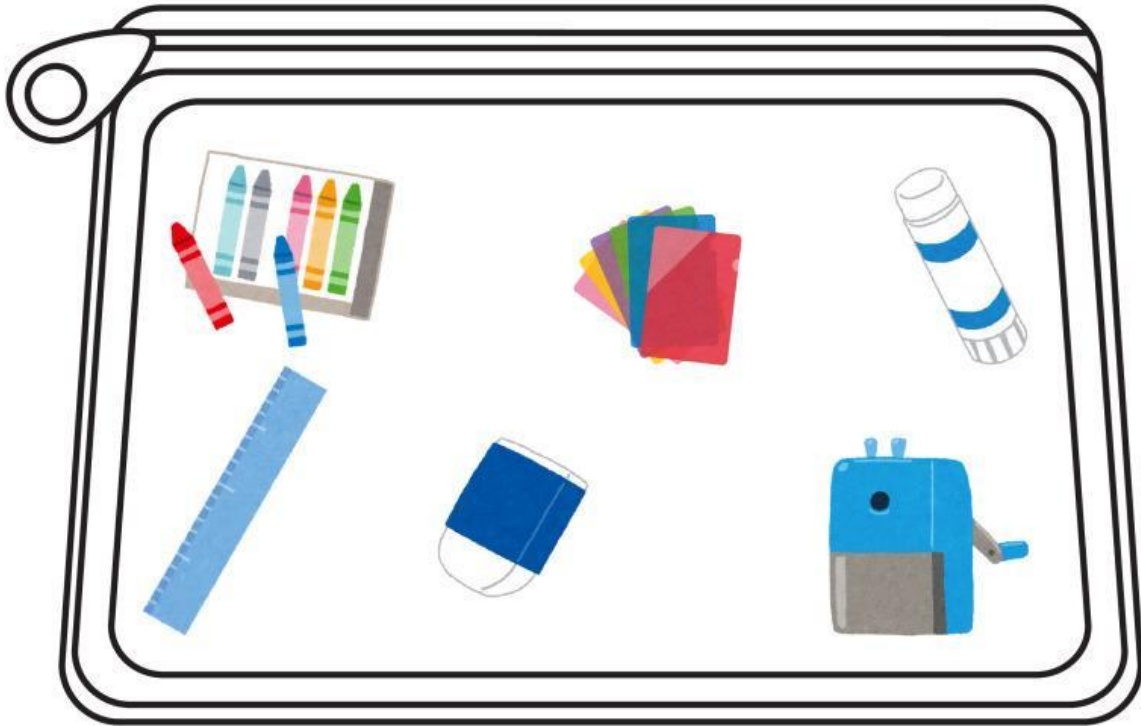


Name: _____ Date: _____

SCHOOL MATERIALS

Fill in with have or don't have:



1. I _____ a pencil.
2. I _____ a pen.
3. I _____ crayons.
4. I _____ coloured pencils.
5. I _____ a glue stick.
6. I _____ scissors.
7. I _____ a sharpener.
8. I _____ an eraser.
9. I _____ folder.
10. I _____ a ruler.