

Name: \_\_\_\_\_

Date: \_\_\_\_\_

# Numbers

Write the numbers in the correct place

FOUR	TWELVE	ONE	NINE
THREE	EIGHT	SIX	FIVE
SEVEN	ELEVEN	TWO	TEN

1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
4 <input type="text"/>	5 <input type="text"/>	6 <input type="text"/>
7 <input type="text"/>	8 <input type="text"/>	9 <input type="text"/>
10 <input type="text"/>	11 <input type="text"/>	12 <input type="text"/>