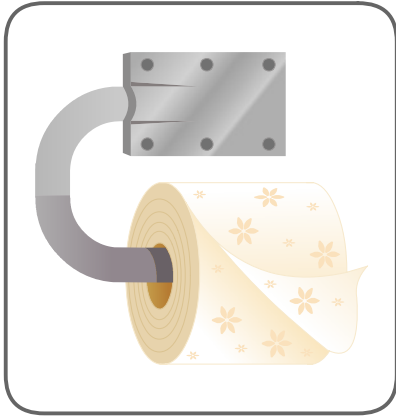


Name: _____

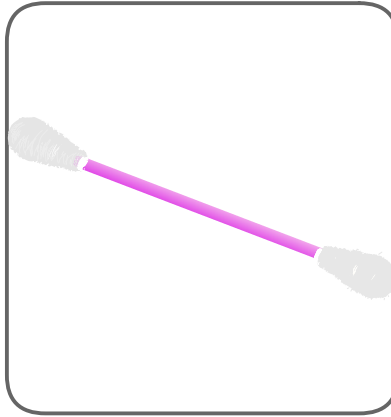
Date: _____

Time: ____ : ____ - ____ : ____

Fill in the blank with the correct option.



Toilet Roll

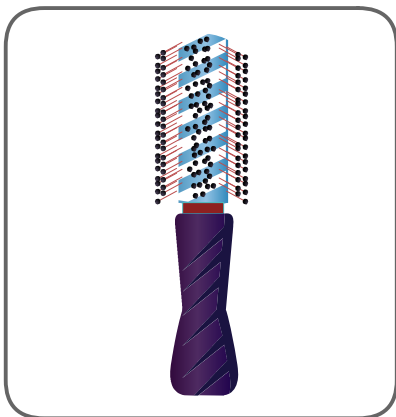


Bud



Tooth Paste

We clean our ears with bud.



Hair Brush



Tooth Paste



Tooth Brush

We keep our hair neat and tidy with hair brush.