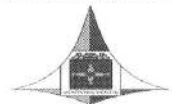


Governo do Distrito Federal  
Secretaria de Estado de Educação  
Coordenação de Ensino do Gama  
Centro de Ensino Médio 01 do Gama



## FOLHA DE RESPOSTAS

NOME DO ALUNO

Gabriela

1º ano BLOW 2

Hespetine

L ao V

SÉRIE/TURMA

TURNO

NÚMERO

DATA

MATRÍCULA



 /  / 


## INSTRUÇÕES:

- 1) Confira os seus dados impressos acima.
- 2) O preenchimento deve ser com caneta esferográfica azul ou preta, apenas uma resposta por questão.
- 3) Faça marcas fortes conforme o modelo ●
- 4) Mais de uma marcação anula a resposta.

NÃO AMASSE, NÃO DOBRE, NÃO SUJE NEM RASURE ESTA FOLHA

|    |                                    |                                    |    |                                    |                                    |
|----|------------------------------------|------------------------------------|----|------------------------------------|------------------------------------|
| 01 | <input type="radio"/> A            | <input checked="" type="radio"/> B | 21 | <input type="radio"/> A            | <input checked="" type="radio"/> B |
| 02 | <input checked="" type="radio"/> A | <input type="radio"/> B            | 22 | <input checked="" type="radio"/> A | <input type="radio"/> B            |
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| 04 | <input checked="" type="radio"/> A | <input type="radio"/> B            | 24 | <input type="radio"/> A            | <input checked="" type="radio"/> B |
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| 06 | <input type="radio"/> A            | <input checked="" type="radio"/> B | 26 | <input checked="" type="radio"/> A | <input type="radio"/> B            |
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| 08 | <input checked="" type="radio"/> A | <input type="radio"/> B            | 28 | <input checked="" type="radio"/> A | <input type="radio"/> B            |
| 09 | <input checked="" type="radio"/> A | <input type="radio"/> B            | 29 | <input type="radio"/> A            | <input checked="" type="radio"/> B |
| 10 | <input type="radio"/> A            | <input checked="" type="radio"/> B | 30 | <input type="radio"/> A            | <input checked="" type="radio"/> B |
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| 13 | <input type="radio"/> A            | <input checked="" type="radio"/> B | 33 | <input checked="" type="radio"/> A | <input type="radio"/> B            |
| 14 | <input type="radio"/> A            | <input checked="" type="radio"/> B | 34 | <input type="radio"/> A            | <input checked="" type="radio"/> B |
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| 18 | <input checked="" type="radio"/> A | <input type="radio"/> B            | 38 | <input checked="" type="radio"/> A | <input type="radio"/> B            |
| 19 | <input type="radio"/> A            | <input checked="" type="radio"/> B | 39 | <input checked="" type="radio"/> A | <input type="radio"/> B            |
| 20 | <input type="radio"/> A            | <input checked="" type="radio"/> B | 40 | <input type="radio"/> A            | <input checked="" type="radio"/> B |

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| 41 | <input type="radio"/> A            | <input type="radio"/> B            | <input checked="" type="radio"/> C | <input type="radio"/> D            | <input type="radio"/> E            |
| 42 | <input checked="" type="radio"/> A | <input type="radio"/> B            | <input type="radio"/> C            | <input type="radio"/> D            | <input type="radio"/> E            |
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| 46 | <input type="radio"/> A            | <input type="radio"/> B            | <input checked="" type="radio"/> C | <input type="radio"/> D            | <input type="radio"/> E            |
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61 C D U

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62 C D U

|                                    |                                    |                                    |
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| <input type="radio"/> 8            | <input type="radio"/> 8            | <input type="radio"/> 8            |
| <input checked="" type="radio"/> 9 | <input type="radio"/> 9            | <input type="radio"/> 9            |

NOME COMPLETO