

# Education and Manpower Bureau

## Territory-wide System Assessment 2007

### Primary 3

### English Language

### Listening

#### Instructions:

1. There are three pages in this Question-Answer Booklet.
2. Answer all questions.
3. Time allowed is about 15 minutes.
4. The recording will be played continuously until the end of the listening test.
5. Write your answers in this Question-Answer Booklet.
6. Write your School Code, Class and Class Number in the boxes below.

#### 學生須知：

1. 本卷共有三頁。
2. 全部題目均須作答。
3. 作答時限約為 15 分鐘。
4. 話語內容會連續播放，直至完卷為止。
5. 請把答案寫在題目簿內。
6. 在下面的方格內填寫學校編號、班別及班號。

School Code  
學校編號

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(5)

Class  
班別

3	
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Class No.  
班號

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(11)

此格只許填寫一個大楷英文字母  
Write one capital letter in this box.

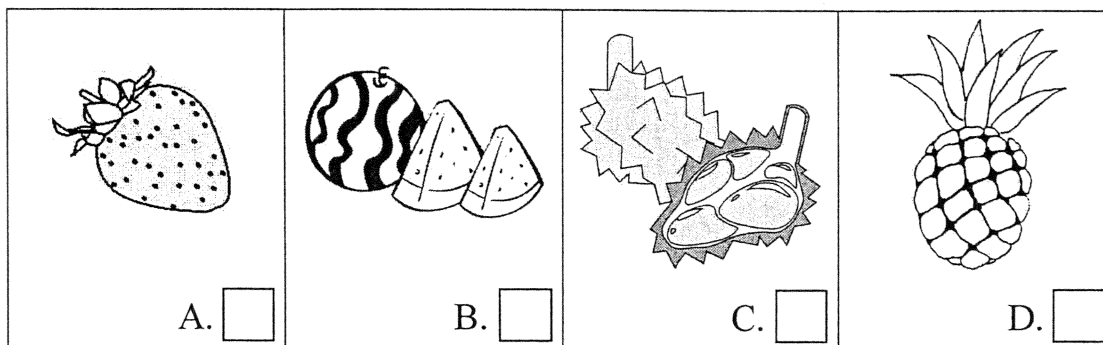
## Part 1

*Miss Wong is playing a guessing game with her students.*

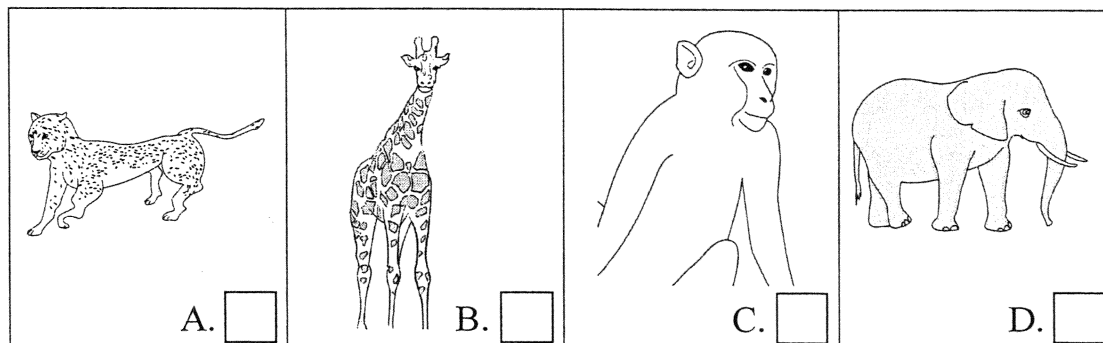
Listen to the conversation.

Tick ☒ the correct answer.

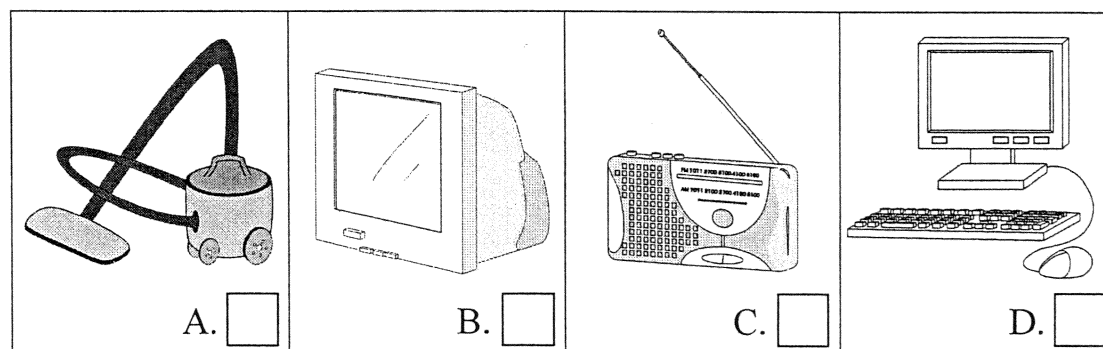
1. What is it?



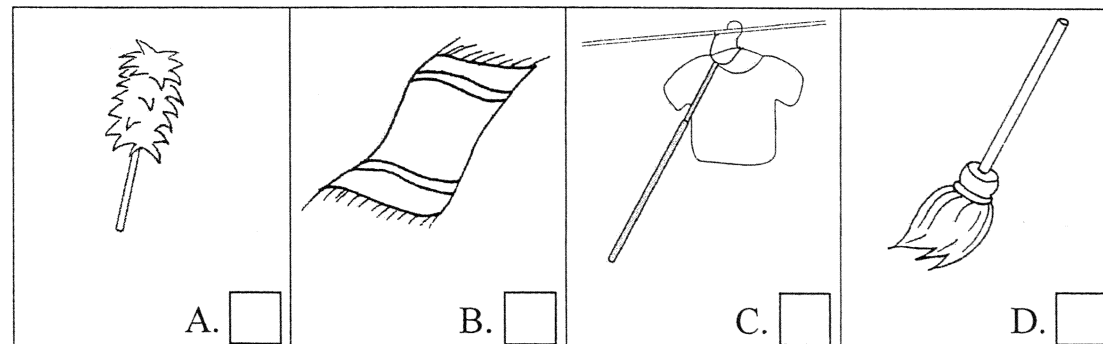
2. What is it?



3. What is it?



4. What is it?



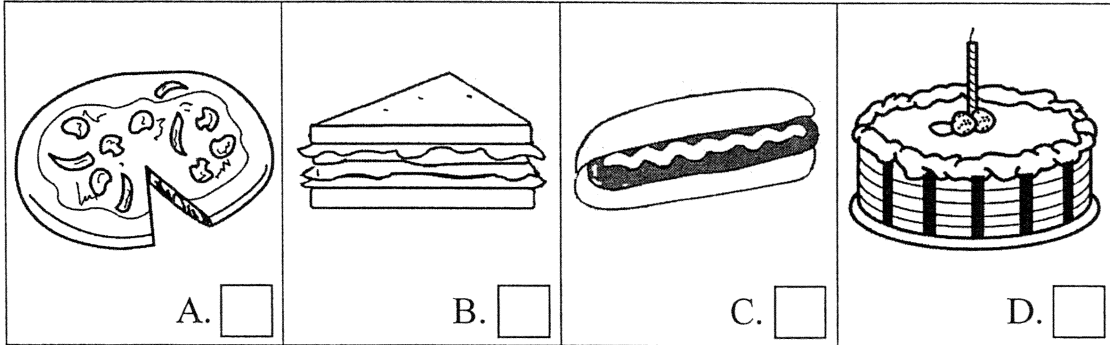
Marker's  
Use Only  
(12)

(13)

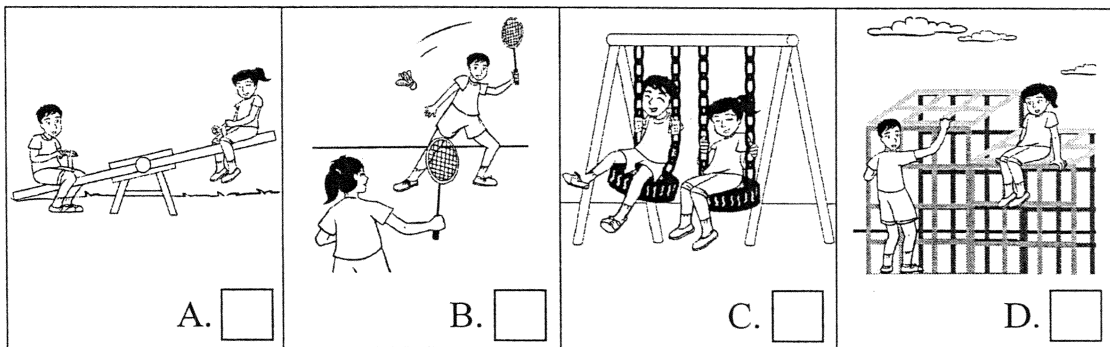
(14)

(15)

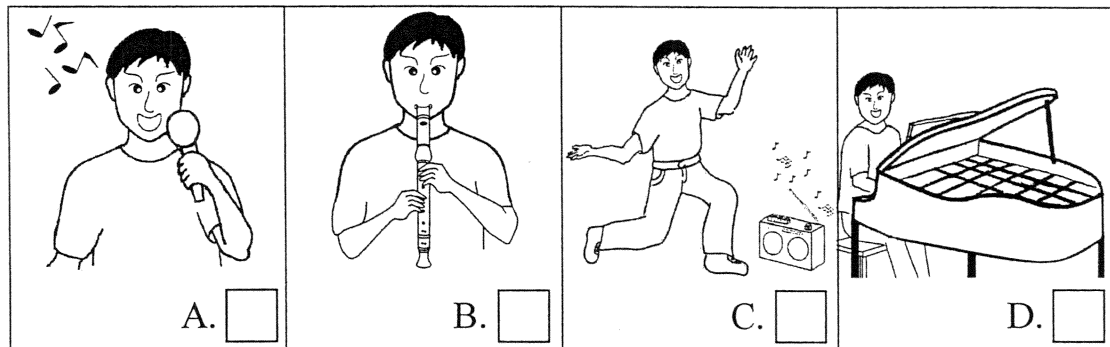
5. What is it?



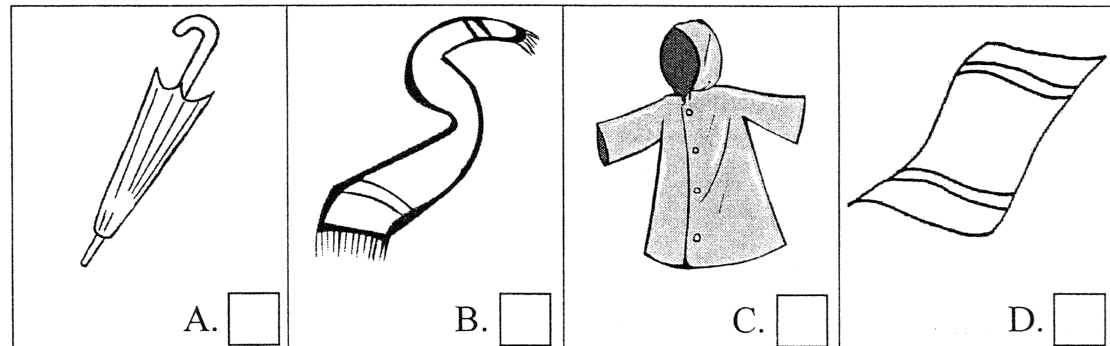
6. What is it?



7. What is it?



8. What is it?



## Part 2

*Peter is a new student in P.3C. He is asking his teacher, Miss Wong, how to fill in his student record card.*

Listen to the conversation.

Tick ☒ the best answer.

ABC Primary School Student Record Card				Marker's Use Only
1. <b>Name:</b>				
<input type="checkbox"/> A. Peter Cheung			<input type="checkbox"/> B. Peter Keung	(20)
<input type="checkbox"/> C. Peter Leung			<input type="checkbox"/> D. Peter Yeung	
2. <b>Class:</b>	<input type="checkbox"/> A. 3A	<input type="checkbox"/> B. 3B	<input type="checkbox"/> C. 3C <input type="checkbox"/> D. 3D	(21)
3. <b>Class No.:</b>	<input type="checkbox"/> A. 13	<input type="checkbox"/> B. 15	<input type="checkbox"/> C. 30 <input type="checkbox"/> D. 33	(22)
4. <b>Age:</b>	<input type="checkbox"/> A. 8	<input type="checkbox"/> B. 9	<input type="checkbox"/> C. 10 <input type="checkbox"/> D. 11	(23)
<b>Address:</b>				
5. <b>Flat:</b>	<input type="checkbox"/> A. C	<input type="checkbox"/> B. E	<input type="checkbox"/> C. B <input type="checkbox"/> D. G	(24)
6. <b>Floor:</b>	<input type="checkbox"/> A. 4	<input type="checkbox"/> B. 14	<input type="checkbox"/> C. 40 <input type="checkbox"/> D. 44	(25)
7. <b>Building:</b>				
<input type="checkbox"/> A. Bay Court	<input type="checkbox"/> B. Hay Court	<input type="checkbox"/> C. May Court	<input type="checkbox"/> D. Ray Court	(26)
8. <b>Street:</b>				
<input type="checkbox"/> A. High Street	<input type="checkbox"/> B. Hard Street	<input type="checkbox"/> C. Hook Street	<input type="checkbox"/> D. Hay Street	(27)
9. <b>District:</b>				
<input type="checkbox"/> A. Causeway Bay	<input type="checkbox"/> B. Deep Bay	<input type="checkbox"/> C. Kowloon Bay	<input type="checkbox"/> D. Quarry Bay	(28)
10. <b>Telephone No.:</b>				
<input type="checkbox"/> A. 2897 5604	<input type="checkbox"/> B. 2857 5604	<input type="checkbox"/> C. 2978 5406	<input type="checkbox"/> D. 2789 5406	(29)
11. <b>Hobbies:</b> (You can tick <input checked="" type="checkbox"/> more than one answer.)				(30) – (33)
<input type="checkbox"/> A. painting	<input type="checkbox"/> B. running	<input type="checkbox"/> C. writing	<input type="checkbox"/> D. reading	
12. <b>Clubs:</b> (You can tick <input checked="" type="checkbox"/> more than one answer.)				(34) – (37)
<input type="checkbox"/> A. Music Club	<input type="checkbox"/> B. Reading Club			
<input type="checkbox"/> C. Swimming Club	<input type="checkbox"/> D. Cooking Club			

**END OF THE LISTENING TEST**