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LEVEL 1
Classes 1-3

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Review Code:

Name: _____Age:_____
The name of my School: _____
School's location (Area): _____City:_____
My teacher's name: _____My class: _____
My email address: _____
My phone number: _____

After filling in this form, please submit to your school coordinator/ class teacher.

A CRITICAL REVIEW…

must include a picture you have made of a book cover design
must give key information about the book:

- title
- author

…must be your original artwork and can show:

- a favorite character from the story
- a scene from the story

REMEMBER: WORD COUNT: 10 WORDS MINIMUM. 50 WORDS MAXIMUM. **REMEMBER: PLEASE WRITE CLEARLY!**

Why I Chose this Book

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Marks: