

# PAPER A

## LOWER PRIMARY

Candidate Name ..... Nguyen Bao Chau

Country ..... VIETNAM

Candidate No. ..... CAN9000122334

Level ..... 1

School ..... Archimedes Academy Primary School

Date ..... 26/10/2025

### Candidate Answer Sheet

Questions 1 to 20					
1	A	B	C	D	E
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Free Response

Question 21

3

Question 22

5:00

Question 23

122

Question 24

5

Question 25

28

### INSTRUCTIONS

Use a 2B or B PENCIL.

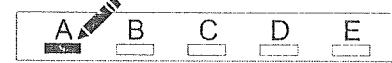
Rub out COMPLETELY any answer you wish to change using an eraser.

Questions 1 to 20

Mark only ONE letter for each question.

Colour in the box fully.

For example, if you think "A" is the best answer to the question, mark your answer sheet like this:



Questions 21 to 25

Fill in the boxes with the right answer to the question.

OR

Fill in the diagrams with the right answer to the question.

Diagrams are only provided where applicable.

Do not write inside this box. For EXAMINER use only.

# PAPER A

## LOWER PRIMARY

Candidate Name Nguyen Pham Phuong Oanh

Country VIETNAM

Candidate No. CAN4536123504

Level 2

School Alaska Academy

Date 26/10/2025

### Candidate Answer Sheet

Questions 1 to 20				
1	A	B	C	D
2	A	B	C	D
3	A	B	C	D
4	A	B	C	D
5	A	B	C	D
6	A	B	C	D
7	A	B	C	D
8	A	B	C	D
9	A	B	C	D
10	A	B	C	D
11	A	B	C	D
12	A	B	C	D
13	A	B	C	D
14	A	B	C	D
15	A	B	C	D
16	A	B	C	D
17	A	B	C	D
18	A	B	C	D
19	A	B	C	D
20	A	B	C	D

Free Response				
Question 21	7/10			
Question 22	5:30			
Question 23	121			
Question 24	13 <del>qua</del> ?			
Question 25	26			

### INSTRUCTIONS

Use a 2B or B PENCIL.

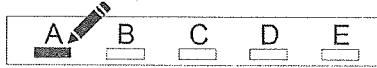
Rub out COMPLETELY any answer you wish to change using an eraser.

Questions 1 to 20

Mark only ONE letter for each question.

Colour in the box fully.

For example, if you think "A" is the best answer to the question, mark your answer sheet like this:



Questions 21 to 25

Fill in the boxes with the right answer to the question.

OR

Fill in the diagrams with the right answer to the question.

Diagrams are only provided where applicable.

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**PAPER B**  
MIDDLE PRIMARY

Candidate Name ..... Nguyen Gia Huy ..... Country ..... VIETNAM .....  
 Candidate No. ..... CAN4919121990 ..... Level ..... 3 .....  
 School ..... Trung Tu Primary School ..... Date ..... 26/10/2025 .....

**Candidate Answer Sheet**

<b>Questions 1 to 20</b>					
1	A	B	C	D	E
2	A	B	C	D	E
3	A	B	C	D	E
4	A	B	C	D	E
5	A	B	C	D	E
6	A	B	C	D	E
7	A	B	C	D	E
8	A	B	C	D	E
9	A	B	C	D	E
10	A	B	C	D	E
11	A	B	C	D	E
12	A	B	C	D	E
13	A	B	C	D	E
14	A	B	C	D	E
15	A	B	C	D	E
16	A	B	C	D	E
17	A	B	C	D	E
18	A	B	C	D	E
19	A	B	C	D	E
20	A	B	C	D	E

<b>Free Response</b>					
Question 21					
Question 22					
Question 23					
Question 24	5601				
Question 25	10				

**INSTRUCTIONS**

Use a 2B or B PENCIL.

Rub out COMPLETELY any answer you wish to change using an eraser.

Questions 1 to 20  
Mark only ONE letter for each question.

Colour in the box fully.

For example, if you think "A" is the best answer to the question, mark your answer sheet like this:



Questions 21 to 25  
Fill in the boxes with the right answer to the question.

OR

Fill in the diagrams with the right answer to the question.

Diagrams are only provided where applicable.

Do not write inside this box. For EXAMINER use only.

# PAPER C

## UPPER PRIMARY

Candidate Name Pham Binh Minh

Country VIETNAM

Candidate No. CAN6914122636

Level 6

School Archimedes Academy Secondary School

Date 26/10/2025

### Candidate Answer Sheet

Questions 1 to 20					
	A	B	C	D	E
1	<input type="checkbox"/>				
2	<input type="checkbox"/>				
3	<input type="checkbox"/>				
4	<input type="checkbox"/>				
5	<input type="checkbox"/>				
6	<input type="checkbox"/>				
7	<input type="checkbox"/>				
8	<input type="checkbox"/>				
9	<input type="checkbox"/>				
10	<input type="checkbox"/>				
11	<input type="checkbox"/>				
12	<input type="checkbox"/>				
13	<input type="checkbox"/>				
14	<input type="checkbox"/>				
15	<input type="checkbox"/>				
16	<input type="checkbox"/>				
17	<input type="checkbox"/>				
18	<input type="checkbox"/>				
19	<input type="checkbox"/>				
20	<input type="checkbox"/>				

### Free Response

Question 21

6

Question 22

10

Question 23

30

Question 24

### INSTRUCTIONS

Use a 2B or B PENCIL.

Rub out COMPLETELY any answer you wish to change using an eraser.

Questions 1 to 20

Mark only ONE letter for each question.

Colour in the box fully.

For example, if you think "A" is the best answer to the question, mark your answer sheet like this:



Questions 21 to 25

Fill in the boxes with the right answer to the question.

OR

Fill in the diagrams with the right answer to the question.

Diagrams are only provided where applicable.

Do not write inside this box. For EXAMINER use only.

# PAPER D

## JUNIOR

Candidate Name ..... Bui Hai Phong .....

Country ..... VIETNAM .....

Candidate No. ..... CAN6328123268 .....

Level ..... 8 .....

School ..... Nghia Hung Secondary School .....

Date ..... 26/10/2025 .....

### Candidate Answer Sheet

Questions 1 to 20					
1	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
2	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
3	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
4	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E
5	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E
6	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
7	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
8	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
9	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E
10	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
11	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E
12	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
13	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
14	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
15	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input checked="" type="checkbox"/> E
16	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E
17	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E
18	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E
19	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
20	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input checked="" type="checkbox"/> E

Free Response				
Question 21	9			
Question 22	5626			
Question 23	30			
Question 24	0625			
Question 25	64			

### INSTRUCTIONS

Use a 2B or B PENCIL.

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For example, if you think "A" is the best answer to the question, mark your answer sheet like this:



Questions 21 to 25  
Fill in the boxes with the right answer to the question.

OR

Fill in the diagrams with the right answer to the question.

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