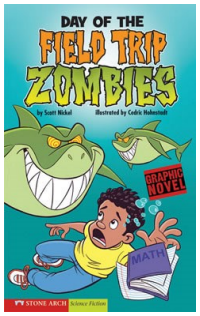
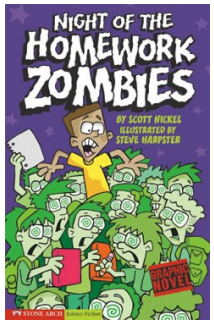
Field Trip Zombies

myON



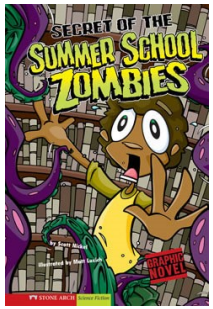
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#2: 103434



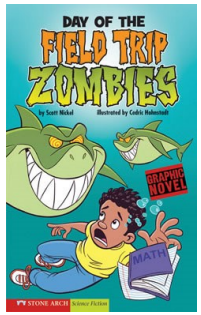
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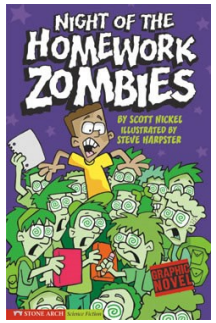
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Field Trip Zombies

myON



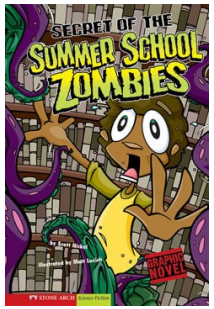
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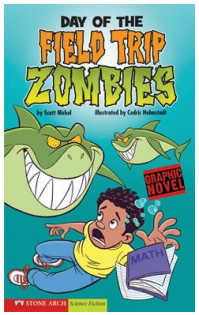
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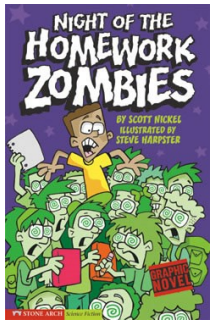
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Field Trip Zombies

myON



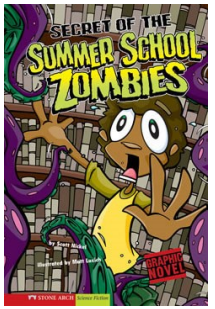
#1: 115402



#2: 103434



#3: 120314



#4: 123902

Name: _____

Teacher: _____

Date Started: _____

Date Finished: _____

1. Field Trip Zombies
   Score: ____
2. Homework Zombies.
   Score: _____
3. Gym Class zombies. Score:___
4. Summer School Zombies.
   Score: ___

Name: _____

Teacher: _____

Date Started: _____

Date Finished: _____

1. Field Trip Zombies
   Score: ____
2. Homework Zombies.
   Score: _____
3. Gym Class zombies. Score:___
4. Summer School Zombies.
   Score: ___

Name: _____

Teacher: _____

Date Started: _____

Date Finished: _____

1. Field Trip Zombies
   Score: ____
2. Homework Zombies.
   Score: _____
3. Gym Class zombies. Score:___
4. Summer School Zombies.
   Score: ___