

GL Kent Test Mock 2

Answer Sheets



DATE OF TEST					
Day		Month		Year	

DATE OF BIRTH					
Day		Month		Year	

Candidate's Name:

School Name:

GL Kent Mock 2 Paper 1 – English

Please mark the boxes with a thin horizontal line like this . Rub out mistakes thoroughly.

Examples and Practice Questions

A Example A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	1 Practice A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	2 Practice A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	B Example A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	3 Practice A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>
C Example A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/>	4 Practice A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/>			

Section 1: Comprehension

1 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	2 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	3 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	4 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	5 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>
6 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	7 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	8 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	9 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	10 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>
11 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	12 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	13 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>		

Section 2: Spelling

14		
A	<input type="checkbox"/>	
B	<input type="checkbox"/>	
C	<input type="checkbox"/>	
D	<input type="checkbox"/>	
N	<input type="checkbox"/>	

15		
A	<input type="checkbox"/>	
B	<input type="checkbox"/>	
C	<input type="checkbox"/>	
D	<input type="checkbox"/>	
N	<input type="checkbox"/>	

16		
A	<input type="checkbox"/>	
B	<input type="checkbox"/>	
C	<input type="checkbox"/>	
D	<input type="checkbox"/>	
N	<input type="checkbox"/>	

17		
A	<input type="checkbox"/>	
B	<input type="checkbox"/>	
C	<input type="checkbox"/>	
D	<input type="checkbox"/>	
N	<input type="checkbox"/>	

Section 3: Punctuation

18		
A	<input type="checkbox"/>	
B	<input type="checkbox"/>	
C	<input type="checkbox"/>	
D	<input type="checkbox"/>	
N	<input type="checkbox"/>	

19		
A	<input type="checkbox"/>	
B	<input type="checkbox"/>	
C	<input type="checkbox"/>	
D	<input type="checkbox"/>	
N	<input type="checkbox"/>	

20		
A	<input type="checkbox"/>	
B	<input type="checkbox"/>	
C	<input type="checkbox"/>	
D	<input type="checkbox"/>	
N	<input type="checkbox"/>	

21		
A	<input type="checkbox"/>	
B	<input type="checkbox"/>	
C	<input type="checkbox"/>	
D	<input type="checkbox"/>	
N	<input type="checkbox"/>	

Section 4: Sentence Completion

22		
A	<input type="checkbox"/>	
B	<input type="checkbox"/>	
C	<input type="checkbox"/>	
D	<input type="checkbox"/>	
E	<input type="checkbox"/>	

23		
A	<input type="checkbox"/>	
B	<input type="checkbox"/>	
C	<input type="checkbox"/>	
D	<input type="checkbox"/>	
E	<input type="checkbox"/>	

24		
A	<input type="checkbox"/>	
B	<input type="checkbox"/>	
C	<input type="checkbox"/>	
D	<input type="checkbox"/>	
E	<input type="checkbox"/>	

25		
A	<input type="checkbox"/>	
B	<input type="checkbox"/>	
C	<input type="checkbox"/>	
D	<input type="checkbox"/>	
E	<input type="checkbox"/>	

GL Kent Mock 2 Paper 1 – Mathematics

Please mark the boxes with a thin horizontal line like this . Rub out mistakes thoroughly.

Examples and Practice Questions

A	Example
A	<input checked="" type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>
E	<input type="checkbox"/>

1	Practice
A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>
E	<input type="checkbox"/>

2	Practice
A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>
E	<input type="checkbox"/>

Test Questions

1
A <input type="checkbox"/>
B <input type="checkbox"/>
C <input type="checkbox"/>
D <input type="checkbox"/>
E <input type="checkbox"/>

2
A <input type="checkbox"/>
B <input type="checkbox"/>
C <input type="checkbox"/>
D <input type="checkbox"/>
E <input type="checkbox"/>

3
A <input type="checkbox"/>
B <input type="checkbox"/>
C <input type="checkbox"/>
D <input type="checkbox"/>
E <input type="checkbox"/>

4
A <input type="checkbox"/>
B <input type="checkbox"/>
C <input type="checkbox"/>
D <input type="checkbox"/>
E <input type="checkbox"/>

5
A <input type="checkbox"/>
B <input type="checkbox"/>
C <input type="checkbox"/>
D <input type="checkbox"/>
E <input type="checkbox"/>

6
A <input type="checkbox"/>
B <input type="checkbox"/>
C <input type="checkbox"/>
D <input type="checkbox"/>
E <input type="checkbox"/>

7
A <input type="checkbox"/>
B <input type="checkbox"/>
C <input type="checkbox"/>
D <input type="checkbox"/>
E <input type="checkbox"/>

8
A <input type="checkbox"/>
B <input type="checkbox"/>
C <input type="checkbox"/>
D <input type="checkbox"/>
E <input type="checkbox"/>

9
A <input type="checkbox"/>
B <input type="checkbox"/>
C <input type="checkbox"/>
D <input type="checkbox"/>
E <input type="checkbox"/>

10
A <input type="checkbox"/>
B <input type="checkbox"/>
C <input type="checkbox"/>
D <input type="checkbox"/>
E <input type="checkbox"/>

11
A <input type="checkbox"/>
B <input type="checkbox"/>
C <input type="checkbox"/>
D <input type="checkbox"/>
E <input type="checkbox"/>

12
A <input type="checkbox"/>
B <input type="checkbox"/>
C <input type="checkbox"/>
D <input type="checkbox"/>
E <input type="checkbox"/>

13
A <input type="checkbox"/>
B <input type="checkbox"/>
C <input type="checkbox"/>
D <input type="checkbox"/>
E <input type="checkbox"/>

14
A <input type="checkbox"/>
B <input type="checkbox"/>
C <input type="checkbox"/>
D <input type="checkbox"/>
E <input type="checkbox"/>

15
A <input type="checkbox"/>
B <input type="checkbox"/>
C <input type="checkbox"/>
D <input type="checkbox"/>
E <input type="checkbox"/>

16

A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>
E	<input type="checkbox"/>

17

A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>
E	<input type="checkbox"/>

18

A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>
E	<input type="checkbox"/>

19

A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>
E	<input type="checkbox"/>

20

A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>
E	<input type="checkbox"/>

21

A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>
E	<input type="checkbox"/>

22

A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>
E	<input type="checkbox"/>

23

A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>
E	<input type="checkbox"/>

24

A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>
E	<input type="checkbox"/>

25

A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>
E	<input type="checkbox"/>

GL Kent Mock 2 Paper 2 – Verbal Reasoning

Please mark the boxes with a thin horizontal line like this . Rub out mistakes thoroughly.

Examples and Practice Questions

A	Example
A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input checked="" type="checkbox"/>
D	<input type="checkbox"/>
E	<input type="checkbox"/>

1	Practice
A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>
E	<input type="checkbox"/>

2	Practice
A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>
E	<input type="checkbox"/>

B	Example
A	<input checked="" type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>
E	<input type="checkbox"/>

3	Practice
A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>
E	<input type="checkbox"/>

4	Practice
A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>
E	<input type="checkbox"/>

C	Example
A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input checked="" type="checkbox"/>
E	<input type="checkbox"/>

5	Practice
A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>
E	<input type="checkbox"/>

6	Practice
A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>
E	<input type="checkbox"/>

D	Example
A	<input type="checkbox"/>
B	<input checked="" type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>
E	<input type="checkbox"/>

7	Practice
A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>
E	<input type="checkbox"/>

8	Practice
A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>
E	<input type="checkbox"/>

Test Questions

1	A	<input type="checkbox"/>
	B	<input type="checkbox"/>
	C	<input type="checkbox"/>
	D	<input type="checkbox"/>
	E	<input type="checkbox"/>

2	A	<input type="checkbox"/>
	B	<input type="checkbox"/>
	C	<input type="checkbox"/>
	D	<input type="checkbox"/>
	E	<input type="checkbox"/>

3	A	<input type="checkbox"/>
	B	<input type="checkbox"/>
	C	<input type="checkbox"/>
	D	<input type="checkbox"/>
	E	<input type="checkbox"/>

4	A	<input type="checkbox"/>
	B	<input type="checkbox"/>
	C	<input type="checkbox"/>
	D	<input type="checkbox"/>
	E	<input type="checkbox"/>

5	A	<input type="checkbox"/>
	B	<input type="checkbox"/>
	C	<input type="checkbox"/>
	D	<input type="checkbox"/>
	E	<input type="checkbox"/>

6	A	<input type="checkbox"/>
	B	<input type="checkbox"/>
	C	<input type="checkbox"/>
	D	<input type="checkbox"/>
	E	<input type="checkbox"/>

7	A	<input type="checkbox"/>
	B	<input type="checkbox"/>
	C	<input type="checkbox"/>
	D	<input type="checkbox"/>
	E	<input type="checkbox"/>

8	A	<input type="checkbox"/>
	B	<input type="checkbox"/>
	C	<input type="checkbox"/>
	D	<input type="checkbox"/>
	E	<input type="checkbox"/>

9	A	<input type="checkbox"/>
	B	<input type="checkbox"/>
	C	<input type="checkbox"/>
	D	<input type="checkbox"/>
	E	<input type="checkbox"/>

10	A	<input type="checkbox"/>
	B	<input type="checkbox"/>
	C	<input type="checkbox"/>
	D	<input type="checkbox"/>
	E	<input type="checkbox"/>

11	A	<input type="checkbox"/>
	B	<input type="checkbox"/>
	C	<input type="checkbox"/>
	D	<input type="checkbox"/>
	E	<input type="checkbox"/>

12	A	<input type="checkbox"/>
	B	<input type="checkbox"/>
	C	<input type="checkbox"/>
	D	<input type="checkbox"/>
	E	<input type="checkbox"/>

13	A	<input type="checkbox"/>
	B	<input type="checkbox"/>
	C	<input type="checkbox"/>
	D	<input type="checkbox"/>
	E	<input type="checkbox"/>

14	A	<input type="checkbox"/>
	B	<input type="checkbox"/>
	C	<input type="checkbox"/>
	D	<input type="checkbox"/>
	E	<input type="checkbox"/>

15	A	<input type="checkbox"/>
	B	<input type="checkbox"/>
	C	<input type="checkbox"/>
	D	<input type="checkbox"/>
	E	<input type="checkbox"/>

16	A	<input type="checkbox"/>
	B	<input type="checkbox"/>
	C	<input type="checkbox"/>
	D	<input type="checkbox"/>
	E	<input type="checkbox"/>

17	A	<input type="checkbox"/>
	B	<input type="checkbox"/>
	C	<input type="checkbox"/>
	D	<input type="checkbox"/>
	E	<input type="checkbox"/>

18	A	<input type="checkbox"/>
	B	<input type="checkbox"/>
	C	<input type="checkbox"/>
	D	<input type="checkbox"/>
	E	<input type="checkbox"/>

19	A	<input type="checkbox"/>
	B	<input type="checkbox"/>
	C	<input type="checkbox"/>
	D	<input type="checkbox"/>
	E	<input type="checkbox"/>

20	A	<input type="checkbox"/>
	B	<input type="checkbox"/>
	C	<input type="checkbox"/>
	D	<input type="checkbox"/>
	E	<input type="checkbox"/>

21	A	<input type="checkbox"/>
	B	<input type="checkbox"/>
	C	<input type="checkbox"/>
	D	<input type="checkbox"/>
	E	<input type="checkbox"/>

22	A	<input type="checkbox"/>
	B	<input type="checkbox"/>
	C	<input type="checkbox"/>
	D	<input type="checkbox"/>
	E	<input type="checkbox"/>

23	A	<input type="checkbox"/>
	B	<input type="checkbox"/>
	C	<input type="checkbox"/>
	D	<input type="checkbox"/>
	E	<input type="checkbox"/>

24	A	<input type="checkbox"/>
	B	<input type="checkbox"/>
	C	<input type="checkbox"/>
	D	<input type="checkbox"/>
	E	<input type="checkbox"/>

25	A	<input type="checkbox"/>
	B	<input type="checkbox"/>
	C	<input type="checkbox"/>
	D	<input type="checkbox"/>
	E	<input type="checkbox"/>

26	A	<input type="checkbox"/>
	B	<input type="checkbox"/>
	C	<input type="checkbox"/>
	D	<input type="checkbox"/>
	E	<input type="checkbox"/>

27	A	<input type="checkbox"/>
	B	<input type="checkbox"/>
	C	<input type="checkbox"/>
	D	<input type="checkbox"/>
	E	<input type="checkbox"/>

28	A	<input type="checkbox"/>
	B	<input type="checkbox"/>
	C	<input type="checkbox"/>
	D	<input type="checkbox"/>
	E	<input type="checkbox"/>

29	A	<input type="checkbox"/>
	B	<input type="checkbox"/>
	C	<input type="checkbox"/>
	D	<input type="checkbox"/>
	E	<input type="checkbox"/>

30	A	<input type="checkbox"/>
	B	<input type="checkbox"/>
	C	<input type="checkbox"/>
	D	<input type="checkbox"/>
	E	<input type="checkbox"/>

31	A	<input type="checkbox"/>
	B	<input type="checkbox"/>
	C	<input type="checkbox"/>
	D	<input type="checkbox"/>
	E	<input type="checkbox"/>

32	A	<input type="checkbox"/>
	B	<input type="checkbox"/>
	C	<input type="checkbox"/>
	D	<input type="checkbox"/>
	E	<input type="checkbox"/>

GL Kent Mock 2 Paper 2 – Spatial Subtest 1

Please mark the boxes with a thin horizontal line like this . Rub out mistakes thoroughly.

Examples and Practice Questions

A	Example	1	Practice	2	Practice
	a		a		a
	b		b		b
	c		c		c
	d		d		d
	e		e		e

Test Questions

1	2	3	4	5
a	a	a	a	a
b	b	b	b	b
c	c	c	c	c
d	d	d	d	d
e	e	e	e	e

6	7	8	9	10
a	a	a	a	a
b	b	b	b	b
c	c	c	c	c
d	d	d	d	d
e	e	e	e	e

GL Kent Mock 2 Paper 2 – Spatial Subtest 2

Please mark the boxes with a thin horizontal line like this . Rub out mistakes thoroughly.

Examples and Practice Questions

A	Example	1	Practice	2	Practice
	a	a	a	a	a
	b	b	b	b	b
	c	c	c	c	c
	d	d	d	d	d
	e	e	e	e	e

Test Questions

1	2	3	4	5
a	a	a	a	a
b	b	b	b	b
c	c	c	c	c
d	d	d	d	d
e	e	e	e	e

6	7	8	9	10
a	a	a	a	a
b	b	b	b	b
c	c	c	c	c
d	d	d	d	d
e	e	e	e	e

GL Kent Mock 2 Paper 2 – Non-Verbal Reasoning Subtest 1

Please mark the boxes with a thin horizontal line like this . Rub out mistakes thoroughly.

Examples and Practice Questions

A	Example	1	Practice	2	Practice
	a		a		a
	b		b		b
	c		c		c
	d		d		d
	e		e		e

Test Questions

1	2	3	4	5
a	a	a	a	a
b	b	b	b	b
c	c	c	c	c
d	d	d	d	d
e	e	e	e	e

6	7	8	9	10
a	a	a	a	a
b	b	b	b	b
c	c	c	c	c
d	d	d	d	d
e	e	e	e	e

GL Kent Mock 2 Paper 2 – Non-Verbal Reasoning Subtest 2

Please mark the boxes with a thin horizontal line like this . Rub out mistakes thoroughly.

Examples and Practice Questions

A	Example	1	Practice	2	Practice
	a		a		a
	b		b		b
	c		c		c
	d		d		d
	e		e		e

Test Questions

1	2	3	4	5
a	a	a	a	a
b	b	b	b	b
c	c	c	c	c
d	d	d	d	d
e	e	e	e	e

6	7	8	9	10
a	a	a	a	a
b	b	b	b	b
c	c	c	c	c
d	d	d	d	d
e	e	e	e	e

GL Kent Mock 2 Paper 2 – Non-Verbal Reasoning Subtest 3

Please mark the boxes with a thin horizontal line like this . Rub out mistakes thoroughly.

Examples and Practice Questions

A	Example
	a <input type="checkbox"/>
	b <input checked="" type="checkbox"/>
	c <input type="checkbox"/>
	d <input type="checkbox"/>
	e <input type="checkbox"/>

1	Practice
	a <input type="checkbox"/>
	b <input type="checkbox"/>
	c <input type="checkbox"/>
	d <input type="checkbox"/>
	e <input type="checkbox"/>

2	Practice
	a <input type="checkbox"/>
	b <input type="checkbox"/>
	c <input type="checkbox"/>
	d <input type="checkbox"/>
	e <input type="checkbox"/>

Test Questions

1
a <input type="checkbox"/>
b <input type="checkbox"/>
c <input type="checkbox"/>
d <input type="checkbox"/>
e <input type="checkbox"/>

2
a <input type="checkbox"/>
b <input type="checkbox"/>
c <input type="checkbox"/>
d <input type="checkbox"/>
e <input type="checkbox"/>

3
a <input type="checkbox"/>
b <input type="checkbox"/>
c <input type="checkbox"/>
d <input type="checkbox"/>
e <input type="checkbox"/>

4
a <input type="checkbox"/>
b <input type="checkbox"/>
c <input type="checkbox"/>
d <input type="checkbox"/>
e <input type="checkbox"/>

5
a <input type="checkbox"/>
b <input type="checkbox"/>
c <input type="checkbox"/>
d <input type="checkbox"/>
e <input type="checkbox"/>

6
a <input type="checkbox"/>
b <input type="checkbox"/>
c <input type="checkbox"/>
d <input type="checkbox"/>
e <input type="checkbox"/>

7
a <input type="checkbox"/>
b <input type="checkbox"/>
c <input type="checkbox"/>
d <input type="checkbox"/>
e <input type="checkbox"/>

8
a <input type="checkbox"/>
b <input type="checkbox"/>
c <input type="checkbox"/>
d <input type="checkbox"/>
e <input type="checkbox"/>