

GL Kent Test Mock 1

Answer Sheets



DATE OF TEST					
Day		Month		Year	

DATE OF BIRTH					
Day		Month		Year	

Candidate's Name:

School Name:

GL Kent Mock 1 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 type="checkbox"/>
D	<input checked="" 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 type="checkbox"/>
B	<input type="checkbox"/>
C	<input checked="" 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 1 Paper 1 – Mathematics

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

Test Questions

1	A <input type="checkbox"/>	2	A <input type="checkbox"/>	3	A <input type="checkbox"/>	4	A <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"/>	7	A <input type="checkbox"/>	8	A <input type="checkbox"/>	9	A <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"/>	12	A <input type="checkbox"/>	13	A <input type="checkbox"/>	14	A <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 1 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"/>	X	<input type="checkbox"/>
B	<input checked="" type="checkbox"/>	Y	<input type="checkbox"/>
C	<input type="checkbox"/>	Z	<input checked="" type="checkbox"/>

1	Practice		
A	<input type="checkbox"/>	X	<input type="checkbox"/>
B	<input type="checkbox"/>	Y	<input type="checkbox"/>
C	<input type="checkbox"/>	Z	<input type="checkbox"/>

2	Practice		
A	<input type="checkbox"/>	X	<input type="checkbox"/>
B	<input type="checkbox"/>	Y	<input type="checkbox"/>
C	<input type="checkbox"/>	Z	<input type="checkbox"/>

B	Example		
A	<input type="checkbox"/>	X	<input type="checkbox"/>
B	<input type="checkbox"/>	Y	<input checked="" type="checkbox"/>
C	<input checked="" type="checkbox"/>	Z	<input type="checkbox"/>

3	Practice		
A	<input type="checkbox"/>	X	<input type="checkbox"/>
B	<input type="checkbox"/>	Y	<input type="checkbox"/>
C	<input type="checkbox"/>	Z	<input type="checkbox"/>

4	Practice		
A	<input type="checkbox"/>	X	<input type="checkbox"/>
B	<input type="checkbox"/>	Y	<input type="checkbox"/>
C	<input type="checkbox"/>	Z	<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 checked="" type="checkbox"/>
B	<input 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"/>	X	<input type="checkbox"/>
B	<input type="checkbox"/>	Y	<input type="checkbox"/>
C	<input type="checkbox"/>	Z	<input type="checkbox"/>

16

A	<input type="checkbox"/>	X	<input type="checkbox"/>
B	<input type="checkbox"/>	Y	<input type="checkbox"/>
C	<input type="checkbox"/>	Z	<input type="checkbox"/>

17

A	<input type="checkbox"/>	X	<input type="checkbox"/>
B	<input type="checkbox"/>	Y	<input type="checkbox"/>
C	<input type="checkbox"/>	Z	<input type="checkbox"/>

18

A	<input type="checkbox"/>	X	<input type="checkbox"/>
B	<input type="checkbox"/>	Y	<input type="checkbox"/>
C	<input type="checkbox"/>	Z	<input type="checkbox"/>

19

A	<input type="checkbox"/>	X	<input type="checkbox"/>
B	<input type="checkbox"/>	Y	<input type="checkbox"/>
C	<input type="checkbox"/>	Z	<input type="checkbox"/>

20

A	<input type="checkbox"/>	X	<input type="checkbox"/>
B	<input type="checkbox"/>	Y	<input type="checkbox"/>
C	<input type="checkbox"/>	Z	<input type="checkbox"/>

21

A	<input type="checkbox"/>	X	<input type="checkbox"/>
B	<input type="checkbox"/>	Y	<input type="checkbox"/>
C	<input type="checkbox"/>	Z	<input type="checkbox"/>

22

A	<input type="checkbox"/>	X	<input type="checkbox"/>
B	<input type="checkbox"/>	Y	<input type="checkbox"/>
C	<input type="checkbox"/>	Z	<input type="checkbox"/>

23

A	<input type="checkbox"/>	X	<input type="checkbox"/>
B	<input type="checkbox"/>	Y	<input type="checkbox"/>
C	<input type="checkbox"/>	Z	<input type="checkbox"/>

24

A	<input type="checkbox"/>	X	<input type="checkbox"/>
B	<input type="checkbox"/>	Y	<input type="checkbox"/>
C	<input type="checkbox"/>	Z	<input type="checkbox"/>

25

A	<input type="checkbox"/>	X	<input type="checkbox"/>
B	<input type="checkbox"/>	Y	<input type="checkbox"/>
C	<input type="checkbox"/>	Z	<input type="checkbox"/>

26

A	<input type="checkbox"/>	X	<input type="checkbox"/>
B	<input type="checkbox"/>	Y	<input type="checkbox"/>
C	<input type="checkbox"/>	Z	<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 1 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	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 1 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
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"/>

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"/>

GL Kent Mock 1 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 1 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	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 1 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	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	
	a		a		a		a
	b		b		b		b
	c		c		c		c
	d		d		d		d
	e		e		e		e

5		6		7		8	
	a		a		a		a
	b		b		b		b
	c		c		c		c
	d		d		d		d
	e		e		e		e