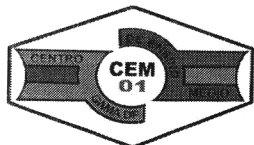
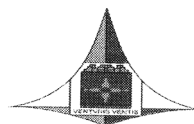


Vespertino  
Bloco 1 - M. P. B.

9º ano



Governo do Distrito Federal  
Secretaria de Estado de Educação  
Coordenação de Ensino do Gama  
Centro de Ensino Médio 01 do Gama



### FOLHA DE RESPOSTAS

NOME DO ALUNO

\_\_\_\_\_

SÉRIE/TURMA

TURNO

NÚMERO

DATA

MATRICULA

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

/ /

\_\_\_\_\_

22/04/2024

#### INSTRUÇÕES:

- 1) Confira os seus dados impressos acima.
- 2) O preenchimento deve ser com caneta esferográfica azul ou preta, apenas uma resposta por questão.
- 3) Faça marcas fortes conforme o modelo ●
- 4) Mais de uma marcação anula a resposta. Não deixe respostas em branco.

**NÃO AMASSE, NÃO DOBRE, NÃO SUJE NEM RASURE ESTA FOLHA**

01	C	<input checked="" type="radio"/>	21	C	<input checked="" type="radio"/>	E
02	C	<input checked="" type="radio"/>	22	C	<input checked="" type="radio"/>	E
03	C	<input checked="" type="radio"/>	23	C	<input checked="" type="radio"/>	E
04	C	<input checked="" type="radio"/>	24	C	<input checked="" type="radio"/>	E
05	C	<input checked="" type="radio"/>	25	C	<input checked="" type="radio"/>	E
06	C	<input checked="" type="radio"/>	26	C	<input checked="" type="radio"/>	E
07	C	<input checked="" type="radio"/>	27	C	<input checked="" type="radio"/>	E
08	C	<input checked="" type="radio"/>	28	C	<input checked="" type="radio"/>	E
09	C	<input checked="" type="radio"/>	29	C	<input checked="" type="radio"/>	E
10	C	<input checked="" type="radio"/>	30	C	<input checked="" type="radio"/>	E
11	C	<input checked="" type="radio"/>	31	C	<input checked="" type="radio"/>	E
12	C	<input checked="" type="radio"/>	32	C	<input checked="" type="radio"/>	E
13	C	<input checked="" type="radio"/>	33	C	<input checked="" type="radio"/>	E
14	C	<input checked="" type="radio"/>	34	C	<input checked="" type="radio"/>	E
15	C	<input checked="" type="radio"/>	35	C	<input checked="" type="radio"/>	E
16	C	<input checked="" type="radio"/>	36	C	<input checked="" type="radio"/>	E
17	C	<input checked="" type="radio"/>	37	C	<input checked="" type="radio"/>	E
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19	C	<input checked="" type="radio"/>	39	C	<input checked="" type="radio"/>	E
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62	C	<input checked="" type="radio"/>	D	<input checked="" type="radio"/>	U	<input checked="" type="radio"/>
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NOME COMPLETO

