

Name: \_\_\_\_\_

Date: \_\_\_\_\_

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50

Write

0

zero

0

0

0

0

zero

zero

Write the number in the box and draw the number.



Practice writing

0	0	0	0	0	0	0	0	0
7	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0