

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

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

# FIRST DAY OF SCHOOL

Complete the sentences, then turn them into a story.

- I wear my \_\_\_\_\_
- I carry my \_\_\_\_\_
- I play with my new \_\_\_\_\_
- I eat my \_\_\_\_\_
- I paint a \_\_\_\_\_
- I read a \_\_\_\_\_

My first day of school story:

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