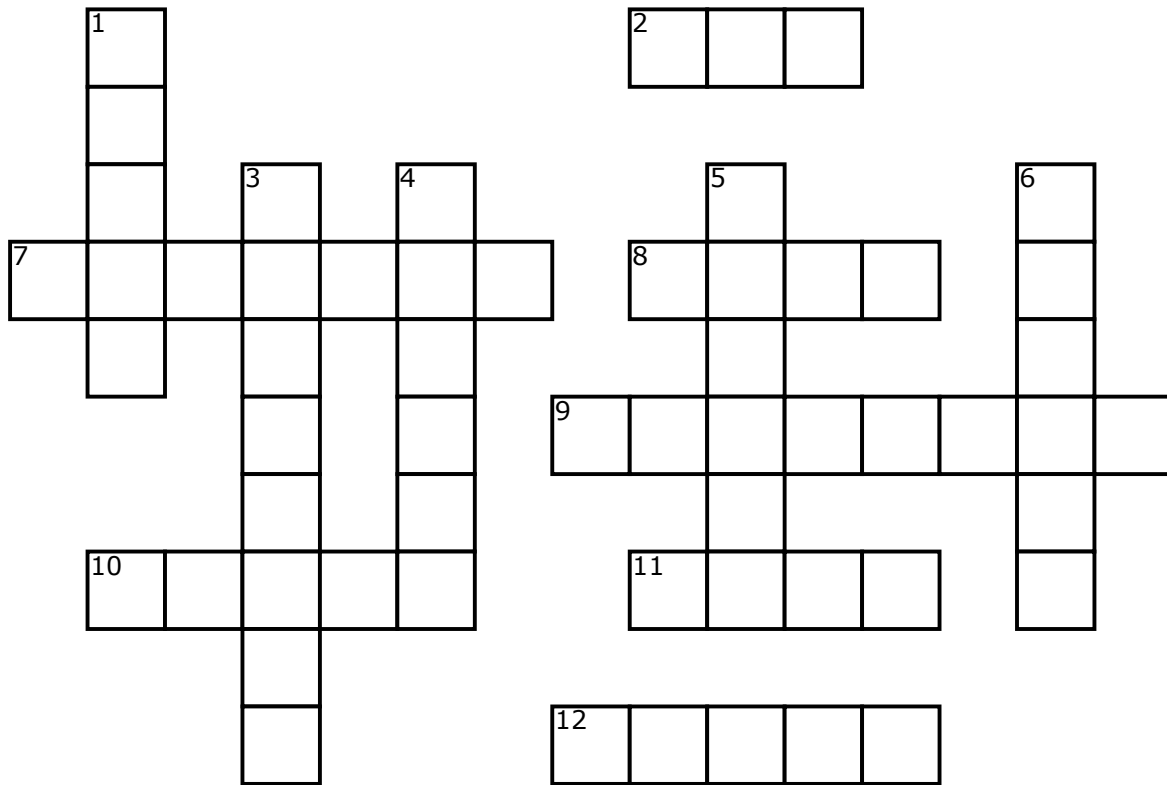


Name: _____

Date: _____

Back to School



Across

- 2.** Where we play games
- 7.** Adult in the classroom
- 8.** Where we sit
- 9.** How I carry my books
- 10.** What we read

11. What we use to stick things together

12. What we eat in the cafeteria

Down

- 1.** What we write on
- 3.** Cuts paper

4. When we go to the playground

5. What we write with

6. What we eat after school