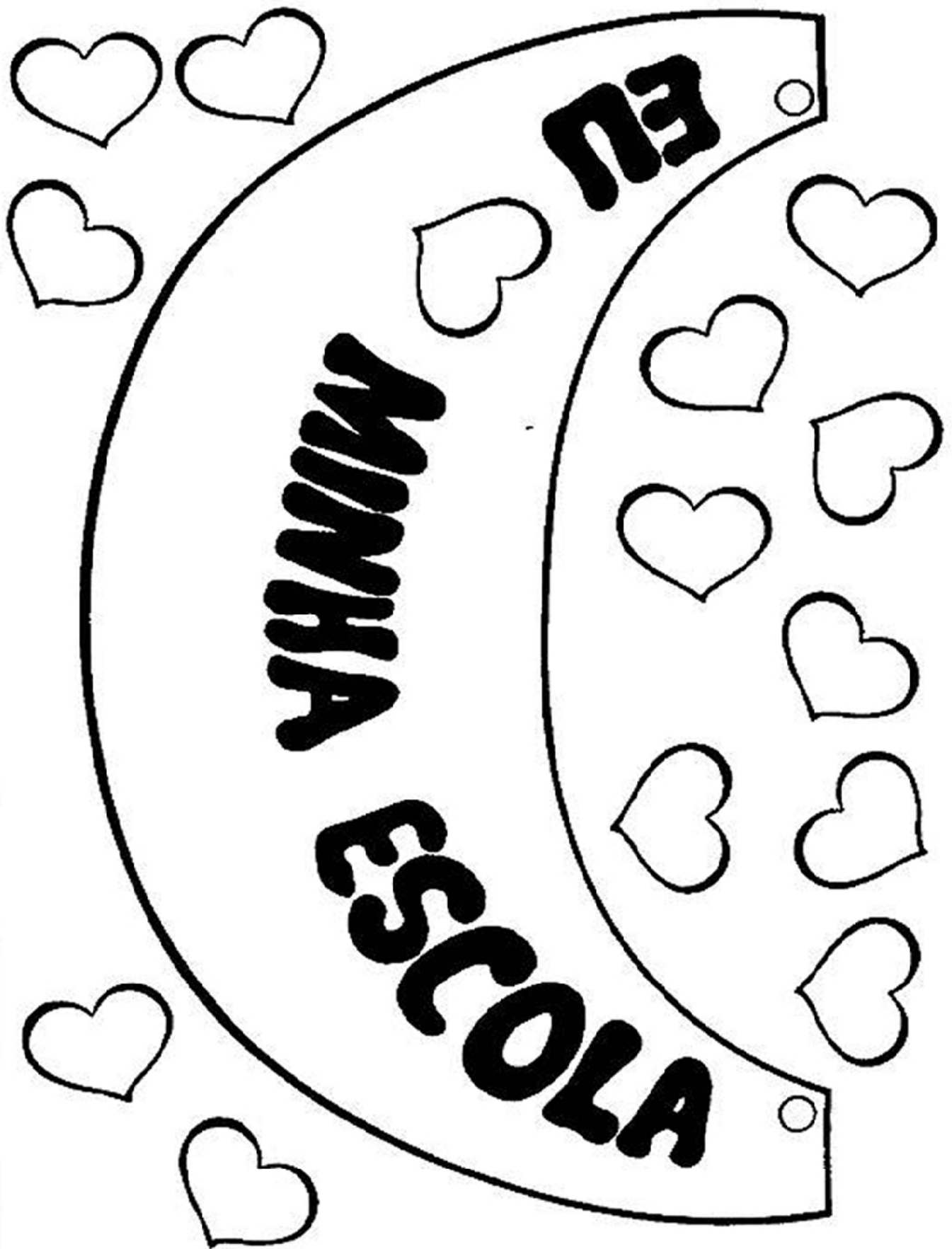


NOME: _____

DATA: ___ / ___ / ___ .



NOME: _____

DATA: ___ / ___ / ____.



REGISTRE SUA MELHOR LEMBRANÇA NA ESCOLA:

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ACRÓSTICO:

ACRÓSTICO:

E: _____

S: _____

C: _____

O: _____

L: _____

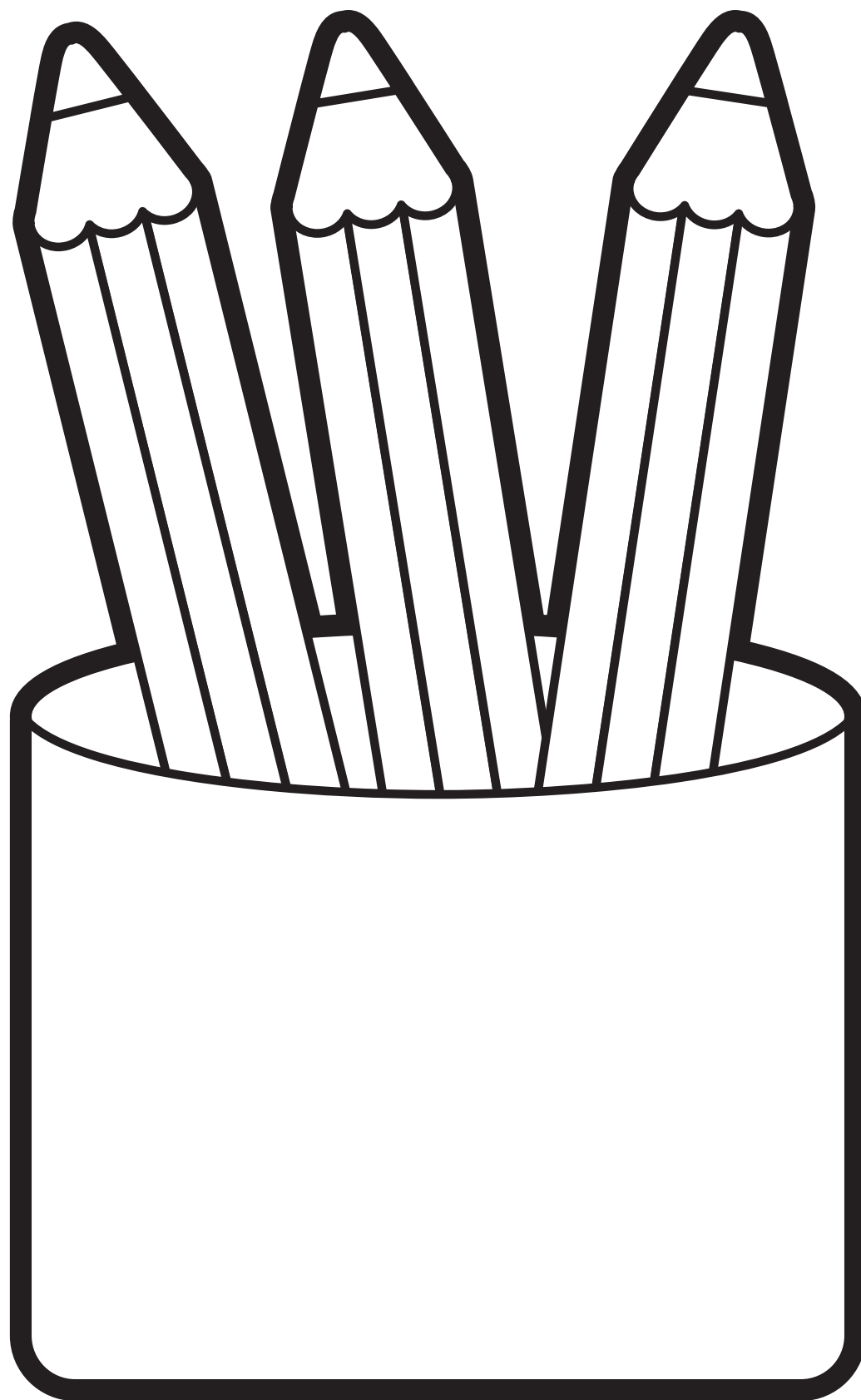
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NOME: _____

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COLORINDO:



NOME: _____

DATA: ___ / ___ / ___ .

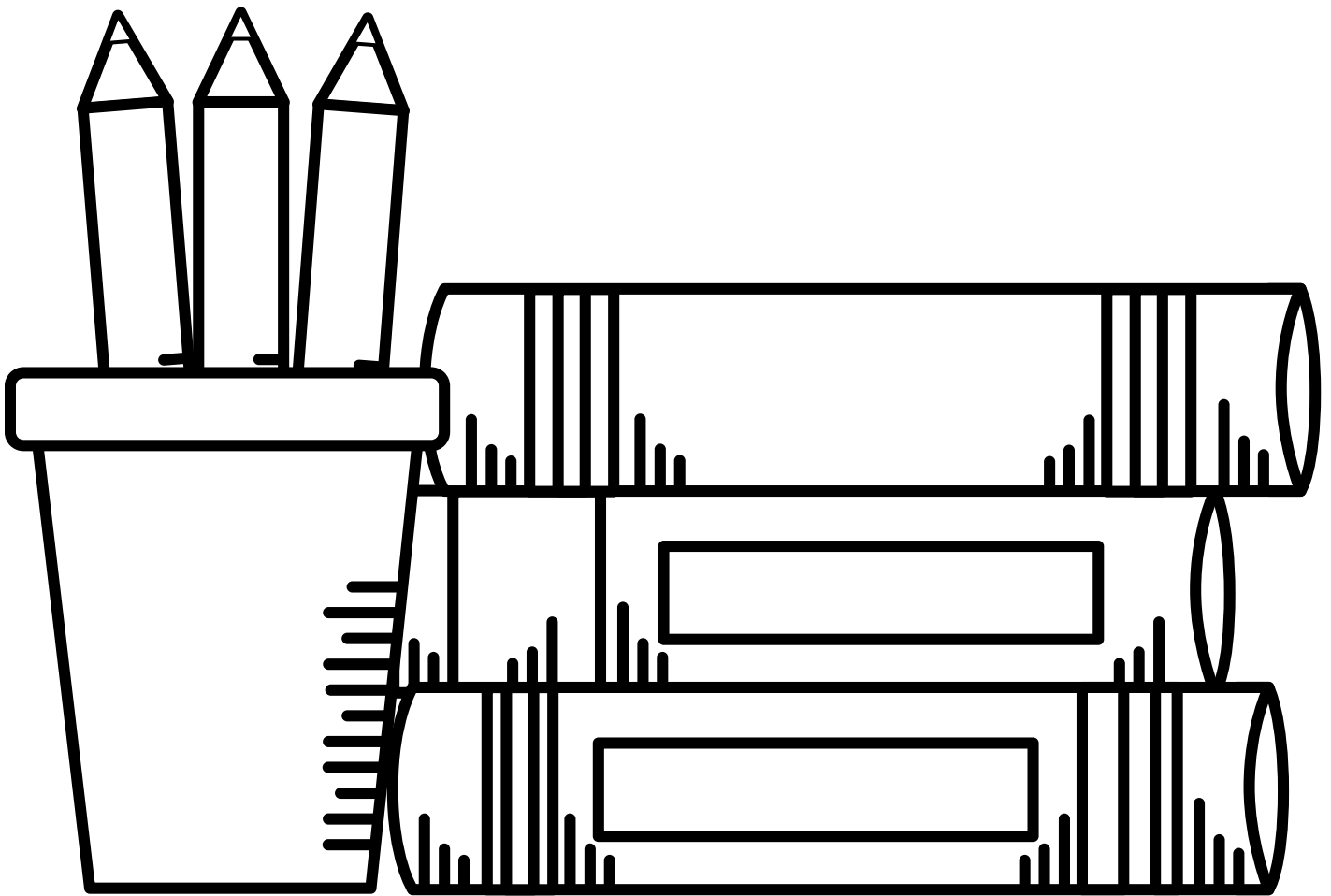
COLORINDO:



NOME: _____

DATA: ___ / ___ / ____.

COLORINDO:



NOME: _____

DATA: ___ / ___ / ____.

COLORINDO:

