

Nom _____

Date _____

Fill in the blank with *un, une, des, du, or de la*



_____ salle de classe



_____ pupitre



_____ chaise



_____ affiche



_____ table



_____ tableau noir

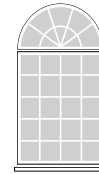


_____ calculatrice



_____ cahier

_____ classeur



_____ fenêtre



_____ poubelle

_____ corbeille



_____ stylo



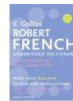
_____ trombone



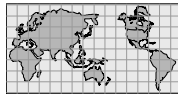
_____ agrafeuse



_____ taille-crayon



_____ dictionnaire



_____ carte



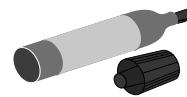
_____ sac à dos



_____ ordinateur



_____ calendrier



_____ feutre



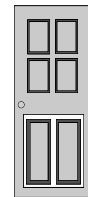
_____ élastique



_____ casier



_____ drapeau



_____ porte



_____ scotch



_____ bureau

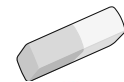


_____ feuille de papier



_____ examen

_____ contrôle



_____ gomme



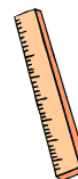
_____ crayon



_____ ciseaux



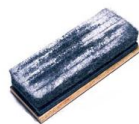
_____ colle



_____ règle



_____ livre



_____ effaceur