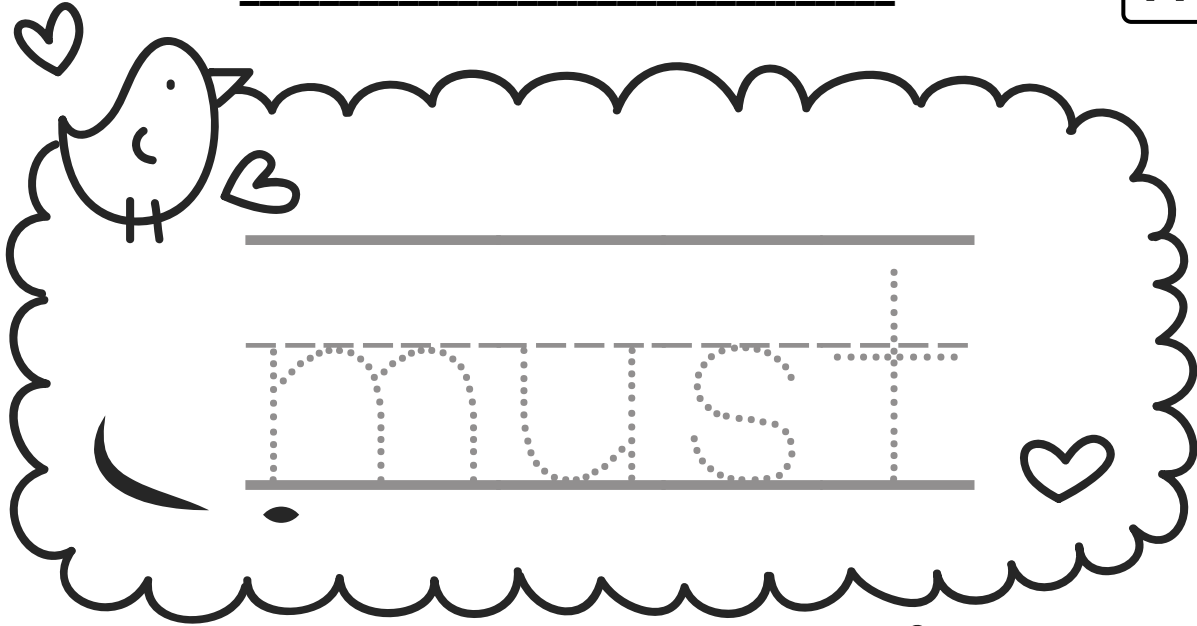


Name: _____

Date: _____

Sight Word

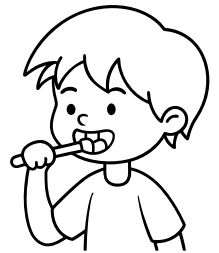
must



You go to bed.



You brush your teeth.



You wash your hands.



You drink water.



You wash your face.

