MATHEMATICS

GRADE 9 - 2026

Time: 2 hours.

Candidate's Name:	
School Name:	
Candidate's Signature:	

Assessment Number:	
School Code:	
Date:	

INSTRUCTIONS TO THE LEARNER

Answer all the questions in the spaces provided.

For Teacher's Use Only.

Question Number	**1 - 20**	**21**	**22**	**23**	**24**	**25**	**26**	**27**	**28**	**29**	**30**	**31**
Maximum Score	20	4	4	4	3	3	4	3	4	5	5	3
Learner's Score												

Question Number	**32**	**33**	**34**	**35**	**36**	**37**	**38**	**39**	**40**
Maximum Score	4	5	6	4	3	4	4	5	3
Learner's Score									

GRAND TOTAL