

Name: _____

Date: _____

October Sight Words

S O M E D V N E H W

M E H T K M D Z S O

H A D Y N I M N L G

Z G I X H I S D Y C

M O Y P O K L U S I

I J M M W U A S K R

Q U B F O W U T E K

H D O C A E U H N U

I W J S J R V E O E

M U I A N E W N N A

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