附件一

**浙江特殊教育职业学院**

**残障考生报名表**

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| 姓名 | |  | | | | 性别 | |  | | | 出生年月 | | | | | | | | |  | | | | | 一寸照  （必填） | | | |
| 曾用名 | |  | | | | 民族 | |  | | | 身份证号 | | | | | | | | |  | | | | |
| 家庭  电话 | |  | | | | | | 户籍所在省市县区 | | |  | | | | | 高考报名序号 | | | | |  | | | |
| 残疾类别 | | | |  | | | | 考生  类别 | | | 城应 | | | 城往 | | | | | 是否  团员 | | |  | | |
| 残疾等级 | | | |  | | | | 农应 | | | 农往 | | | | |
| 毕业学校 | | | | | |  | | | | | | | | 原专业 | | | |  | | | | | 学校  电话 | |  | | | |
| 家庭地址 | | | | | |  | | | | | | | | | | | | | | | | | 邮政  编码 | |  | | | |
| 是否  低保 | | | | |  | | | | 家庭残疾人口数 | | | | | |  | | | | | | 是否有残联补助（补助金额） | | | |  | | | |
| 本  人  简  历 | 自何年何月 | | | | | 至何年何月 | | | | | | | 在何地何单位学习或工作 | | | | | | | | | | | | | 职务 | |
|  | | | | |  | | | | | | |  | | | | | | | | | | | | |  | |
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| 何时何地受过  何种奖励或处分 | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 家庭成员和主要社会关系 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 称谓 | | | 姓名 | | | | 政治面貌 | | | 工作单位 | | | | | | | | | | | | | | 职务 | | 手机号码 | |
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| 第一志愿 | | | | | | |  | | | | | 第二志愿 | | | | |  | | | | | | 第三志愿 | | | |  |
| 毕业学校  或家长意见 | | | | | | | （盖章或签名）  20 年 月 日 | | | | | | | | | | | | | | | | | | | | |

说明：

1、姓名填写请以身份证为准，尚未办理身份证的，请尽快办理。

2、“城应、城往、农应、农往”，“应”指应届生、“往”指历届生、“城”指城镇户口、“农”指农业户口。请在对应项打“√”。

3、听障、肢残考生可同时选报工艺美术品设计、数字媒体艺术设计、电子商务三个专业，视障考生可以选报康复治疗技术（推拿方向）专业。

4、招生考试以考生填报的第一志愿为准。