附件1：

**2022年苏州市盲聋学校新生报名表**

**（一年级）**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | |  | | 性 别 | |  | 出生年月 |  | | 电子照片 |
| 民 族 | |  | | 籍 贯 | |  | 残疾类别 |  | |
| 残疾证号码 | |  | | | | | 残疾等级 |  | |
| 户口所在地 | |  | | | | | | | |
| 家庭  现居住地 | |  | | | | | | | | |
| 家庭  主要  成员 | 称 谓 | | 姓 名 | | 工 作 单 位 | | | | 联系电话（手机） | |
|  | |  | |  | | | |  | |
|  | |  | |  | | | |  | |
|  | |  | |  | | | |  | |
|  | |  | |  | | | |  | |
| 健康状况 | 疾病和过敏史 | | | | | | | | | |
|  | | | | | | | | | |