附件2

2025年苏州市盲聋学校新生报名登记表

（初中一年级）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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） | | |
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| 父母（或法定监护人）本市缴社保是否满一年（苏州户籍除外） | | | | | |  | | | | | | | | |
| 父母（或法定监护人）本市是否有劳动合同（苏州户籍除外） | | | | | |  | | | | | | | | |
| 个人简历 | 学校 | | | | 所在省市 | | | 何年何月至何年何月 | | | | | 证明人 | |
|  | | | |  | | |  | | | | |  | |
|  | | | |  | | |  | | | | |  | |
| 有何特长 |  | | | | | | | 疾病和过敏史 | |  | | | | |