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| 滨州学院招收飞行技术专业学生报名表 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **报考资格**  **审查**  （滨州学院填写） | **初检编号** | | | | | | |  | | | | | | | | | | | **面试编号** | | | | | 总第( )号  ( )组( )号 | | | | | |
| 基本信息审核情况 | | | | | | |  | | | | | | | | | | | 身份证审核情况 | | | | |  | | | | | |
| 是否符合报考年龄 | | | | | | |  | | | | | | | | | | | 审核人 | | | | |  | | | | | |
| **考生姓名** |  | | | **民族** | | |  | | | | **身份 证号** | | | |  | | | | | | | | | | | 一寸 免冠 照片 | | |
| **出生年月** |  | | | **文理科类** | | |  | | | | **本人电话** | | | | | | |  | | | | | | | |
| **班主任姓名** | | | |  | | | | | | | **班主任电话** | | | | | | |  | | | | | | | |
| **家庭住址** | | | | 省 市 区（县） 村（街） 号 | | | | | | | | | | | | | | | | | | | | | |
| **所在学校**（请填写学校全称） | | | |  | | | | | | | | | | | | | | | | | **报考方向** | | | | | | 驾驶方向 | |
| **高考报名所在地** | | | | 省 市 区（县） | | | | | | | | | | | | | | | | |
| **性格特点** |  | | | | | | | | | **特长** | | |  | | | | | | | | | | **爱好** | | | |  | |
| **父亲姓名** |  | | | 政治 面貌 | |  | | | | 工作 单位 | | |  | | | | | | | | | | 联系 电话 | | | |  | |
| **母亲姓名** |  | | | 政治 面貌 | |  | | | | 工作 单位 | | |  | | | | | | | | | | 联系 电话 | | | |  | |
| **考生**  **所在**  **学校 意见** | **上学期期末考试成绩** | | | | | | | | | | | | | **总 分** | | | | |  | | | | **英 语** | | | |  | |
| 学校联系人： 联系电话： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **专 家 填 写**  （如有考生填写或涂改，按作弊处理，取消其报考资格，并通报省招生考试院，按高考违纪处理，特此告知，请考生注意） | **初**  **检**  **项目** | **外**  **科** | 1、手术史；  2、疤痕  3、腋臭；  4、关节功能  5、脊柱弯曲程度  6、Ｏ型或X型腿  7、皮肤类疾病  8、其他 | | | | | | **身高**  **(cm)** | | |  | | | | | | | | **视 力**  **(C表)** | | 左 | | |  | | | **色觉** |
| **体重**  **(kg)** | | |  | | | | **超出**  **上限** | **+** | | | 右 | | |  | | |  |
| **超出**  **下限** | - | | |
| **血 压**  **（mmHg）**  **脉 搏**  **(次/分钟)** | | | **/ ,** | | | | | | | | | | | **初检总**  **结论** | | | |  | | | | | | | | |
| **/ ,** | | | | | | | | | | |
| **/ ,** | | | | | | | | | | |
| **面**  **试**  **意**  **见** | **签 名：** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **考生 须知** | 1、符合自荐标准的考生方可报名。2、此表可复印使用。 | | | | | | | | | | | | | | | | | | | | | | | | | | | |