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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 附件  大田县特殊教育学校招生报名表 | | | | | | | | | | |
| 姓 名 |  | | 性别 |  | | 出生年月 |  | | 有何  特长 |  |
| 残疾种类 |  | | | | | | 致残时间 | |  | |
| 家庭地址 |  | | | | | | | | | |
| 致 残  原 因 |  | | | | | | | | | |
| 家 庭 主 要 成 员 | 称谓 | 姓名 | | | 工作单位 | | | 联系电话 | | |
|  |  | | |  | | |  | | |
|  |  | | |  | | |  | | |
| 监护人  意见 |  | | | | | | | | | |
| 乡 镇 残 联  意 见 | 盖章  年 月 日 | | | | | | | | | |
| 备 注 |  | | | | | | | | | |