新生信息登记表

（初中毕业生专用） 指导老师：

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| **姓名** | |  | | 性别 | | | |  | | | 曾用名 | | | |  | | | | | 照 片 | | |
| **政治面貌** | |  | | **民族** | | | |  | | | **报读专业方向** | | | |  | | | | |
| **户籍性质** | | 农村（ ） 县镇（ ）城市（ ） | | | | | | | | | 籍贯 | | | |  | | | | |
| 现居住地 | |  | | | | | | | | | **毕业学校** | | | |  | | | | |
| **毕业状况** | | 应届（ ）往届（ ）未毕业（ ） | | | | | | | | | 健康状况 | | | |  | | | | |
| 个人信息 | | 是否取得毕业证 | | |  | | | | | | 毕业时间 | |  | | | | **是否低保户** | | | |  | |
| **身份证号码** | | |  | | | | | | | | | | | **是否建档立卡户** | | | | |  | |
| 户口所在地 | | |  | | | | | | | | | | | | | **是否单亲** | | |  | |
| **邮政编码** | |  | | | | | 学生本人联系电话 | | |  | | | | | | 是否孤儿 \* | | | |  |
| **父亲身份证号** | | |  | | | | | | | | 监护人姓名 \* | | | | |  | | | | | | |
| **母亲身份证号** | | |  | | | | | | | | 监护人身份证号 \* | | | | |  | | | | | | |
| 是否有何种病史 | | | |  | | | | | | | 邮箱或QQ | | | | |  | | | | | | |
| 家庭  成员 | | 姓名 | | 关系 | | 年龄 | | | | 工作单位 | | | | | | 职务 | | | **联系方式** | | | |
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| 学习经历  (自初中起) | | 起止时间 | | | | | | | | | 就读院校 | | | | | | | | 证明人 | | | |
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| **家庭总收入** |  | | | **家庭人均收入** | | |  | | | | | | | **家庭主收入来源** | | | | |  | | | |
| 特殊要求 | | 报读国际邮轮海乘方向的学生需满足：身体外露部位无明显纹身、胎记、大面积疤痕。本人无犯罪记录。无慢性病史，无家族遗传性精神病或传染病史。 | | | | | | | | | | | | | | | | | | | | |
| 此表为新生入学协议附表，存入学生档案。以上信息涉及学生学籍信息录入及后期相关事宜办理，要求学生入学时认真填写，内容必须真实正确完整，若因填写虚假或错误信息造成的不良后果将由学生本人及家长承担一切后果。  **学生签字：** | | | | | | | | | | | | | | | | | | | | | | |
| 面试结 果 |  | | | | | | | | | | | | | | | | | | | | | |

新生信息登记表

（高中毕业生专用） 指导老师：

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| 姓名 |  | | | 性别 | | | |  | | | | | | 曾用名 | | |  | | | | 照 片 |
| 政治面貌 |  | | | 民族 | | | |  | | | | | | 出生日期 | | |  | | | |
| 户籍性质 | 农业户口（ ） 非农业户口（ ） | | | | | | | | | | | | | 籍贯 | | |  | | | |
| 现居住地 |  | | | | | | | | | | | | | 报读专业 | | |  | | | |
| 毕业状况 | 应届（ ）往届（ ）未毕业（ ） | | | | | | | | | | | | | 健康状况 | | |  | | | |
| 个人  信息 | 身高 | | cm | | | | | | 体重 | | | | | kg | | | 血型 | | | |  |
| 是否取得毕业证 | | | | |  | | | | 毕业时间 | | | | |  | | 毕业学校 | | | |  |
| 身份证号码 | | | | |  | | | | | | | | | | | | | | | |
| 户口所在地 | | | | |  | | | | | | | | | | | | | | | |
| 邮政编码 | | | |  | | | | | | | 固定电话 | | | | | |  | | | |
| 准考证号 | | | | |  | | | | | | | 学生本人联系电话 | | | | | |  | | | |
| 是否有何种病史 | | | | |  | | | | | | | 邮箱或QQ | | | | | |  | | | |
| 家庭  成员 | 姓名 | | | | 关系 | | 年龄 | | | | 工作单位 | | | | | | | | 职务 | 联系方式 | |
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| 学习经历  (自初中起) | 起止时间 | | | | | | | | | | 就读院校 | | | | | | | | | 证明人 | |
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| 学习期间获  得何种奖励 | |  | | | | | | | | | | | 学习期间受到何种惩罚 | | |  | | | | | |
| 特殊要求 | 报读国际邮轮海乘方向的学生需满足：身体外露部位无明显纹身、胎记、大面积疤痕。本人无犯罪记录。无慢性病史，无家族遗传性精神病或传染病史。 | | | | | | | | | | | | | | | | | | | | |
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| 备注 | |  | | | | | | | | | | | | | | | | | | | |