山东交通学院飞行技术专业学生报名登记表

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| **报考资格**  **审查**  （由高校填写） | | 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** | | |  | | | | | **联系 电话** | | | **本 人** | | |  | | | | | | | | | |
| **班主任姓名** | | | | |  | | | | | | | | **班主任** | | |  | | | | | | | | | |
| **家庭住址** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **所在学校、班级**  （请填写学校全称） | | | | |  | | | | | | | | | | | | | | | | **高考报名所在地** | | | | | |  | | | | |
| **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（公章）  学校联系人： 联系电话： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **高 校 填 写**  （考生不得涂改，否则按作弊相关规定处理） | **身高** | | **CM** | | | | **体重** | | | | **KG** | | | | | | **纹身** | | | |  | | **鼻炎** | | | | | | |  | |
| **乙肝表抗** | |  | | | | | | | | | | | | | | | **视力矫正手术** | | | | | | | | | |  | | | |
| **视力** | | | **左眼** | | | | | | | | **右眼** | | | | | | | | | | **血压**  **脉搏** | |  | | | | | | | |
| **色觉** | | |  | | | | | | | | | | | | | | | | | |
| **其他** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **初检总结论** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **考生 须知** | 1、符合山东交通学院收飞行学生自荐标准的考生方可报名。2、学期期末成绩由学校填写。3、报考学生经所在学校同意并盖章后，按照通知时间和地点参加初检面试。4、学生应持此报名表、身份证(或户口簿)、学生证（或学籍卡）参加初检面试。5、此表可复印使用。6、联系电话：80687119、13606376699（王老师） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |