坪山区特殊教育学校新生入学申请表

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | |  | | 出生日期 | | |  | | | | | 出生地 | |  | | | 粘贴照片 | |
| 性 别 | |  | | 籍 贯 | | |  | | | | | 民 族 | |  | | |
| 户口所在  地址 | |  | | | | | | | | | | | | | | |
| 户口性质 | |  | | | | 所属区街道 | | | | |  | | | | | |
| 家庭住址 | |  | | | | | | | | | | | | | 联系电话 | |  | |
| 身份证号码 | |  | | | | | | | 残疾证号码 | | | |  | | | | | |
| 原就读学校 | |  | | | | | | | | **现申请学校** | | |  | | | | | |
| 障碍类别 | |  | | | | 障碍程度 | | | | |  | | | | | | | |
| 生活自理 | | □睡眠 □饮食 □行动 □穿衣 □洗脸 □刷牙 □叠物 □如厕 □洗衣 □冲凉 | | | | | | | | | | | | | | | | |
| 健康状况  （病 史） | |  | | | | | | | | | | | | | | | | |
| 情绪状况  及行为表现 | |  | | | | | | | | | | | | | | | | |
| 学习及康复  经历 | |  | | | | | | | | | | | | | | | | |
| 家庭成员情况 | 姓 名 | | 称谓 | | 年龄 | 学历 | | 工作单位 | | | | | | | | 职务 | | 联系电话 |
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填表人（家长）： 填表时间： 年 月 日