附件3

**湖北省成人高校2024级新生入学登记表**

学校名称 专业名称 （编号 ）

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| 姓 名 | | | 工 作 单 位 | | | | | 联系电话 | | | | | 性别 | | 出生年月 | | | | | | 政治  面貌 |
|  | | |  | | | | |  | | | | |  | | 年 | | | 月 | | |  |
| 文化程度 | | | | 参加工作时间 | | | | | | | | 民族 | | | | | 优录照顾 | | | | |
|  | | | | 年 | 月 | | | | | | |  | | | | |  | | | | |
| （从小学毕业）  本  人  简  历 | 起止年月 | | | 所 在 单 位 | | | | | | | | 职 业 | | | 近期2寸  本人照片 | | | | | | |
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| 家  庭  主  要  成  员  情  况 | 姓 名 | | | 称 谓 | 工 作 单 位 | | | | | | | | | | | | | | | | |
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| 报名号 | | | | 准考证号 | | | | | 身份证号 | | | | | | | | | | | | |
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| 通讯地址 | | | |  | | | | | | | | | | | | | | | | | |
| 邮政编码 | | | | 脱产 | | 函授 | 业余 | | | | 高升本 | | | | | 高升专 | | | | 专升本 | |
|  | | | |  | |  |  | | | |  | | | | |  | | | |  | |
| 成人高  考成绩 | | 总分 | | 科目  名称 | | 统考科目 | | | | | | | | | | | | | 加试科目 | | |
|  | | | |  | | | |  | | | | |  | | |
|  | | 成绩 | |  | | | |  | | | |  | | | | |  | | |

（**备注：**请各位考生按此表要求据实填写，要求粘贴本人近期二寸照片一张并在在本表背面贴上准考证复印件，医类考生提供医类执业资格证书复印件，准考证原件遗失者请粘贴身份证复印件，以便核对考生身份。）