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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **聊城市春雨助学协会考察学生登记表 编号字第（ ）** | | | | | | | | | | | | | | | | |
| **县市区名称： 信息提交时间： 考察时间：** | | | | | | | | | | | | | | | | |
| **姓名** | | | |  | | **性别** | |  | | **身份证号** | |  | | | | |
| **身高** | | | |  | | | | | | **体重** | |  | | | **照片** | |
| **所在学校** | | | |  | | | | | | **年、班级** | |  | | |
| **班主任姓名** | | | |  | | | | | | **监护人姓名** | |  | | |
| **班主任电话** | | | |  | | | | | | **监护人电话** | |  | | |
| **监护人和学生之间的关系** | | | | | | |  | | | | | | | | | |
| **家庭住址** | | | |  | | | | | | | | | | | | |
| **在校学习情况** | | | |  | | | | | | | | | | | | |
| **家庭状况** | | | |  | | | | | | | | | | | | |
| **有无其他组织或个人资助：** | | | | | | | | | | | | | | | | |
| **考察意见：** | | | | | | | | | | | | | | | | |
| **考察人员：** | | | | | | | | | | | | | | | | |
| **信息提交人员** | **姓名** | |  | | | | | | | | **信息处理人员** | **姓名** | |  | | |
| **电话** | |  | | | | | | | | **电话** | |  | | |
| **捐助时间** | |  | | |  | | | |  | | | |  | | |  |
| **学生年级** | |  | | |  | | | |  | | | |  | | |  |
| **捐助金额** | |  | | |  | | | |  | | | |  | | |  |
| **捐助地点** | |  | | |  | | | |  | | | |  | | |  |
| **捐助组长** | |  | | |  | | | |  | | | |  | | |  |