登记号：

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| **苏州工业园区幼儿园适龄儿童信息采集表** | | | | | | | | | | | | | | | | | | | | |
| 注:带"\*"是必填项,带"#"是其中选填一项,如填写不明确,请点击按钮"表格填写案例"查看. | | | | | | | | | | | | | | | | | | | | |
| 姓名\* |  | | | 性别\* |  | | | | | | | 出生日期\* | | |  | | | | |  |
| 国籍\* |  | | | 籍贯\* |  | | | | | | | 民族\* | | |  | | | | |
| 身份证号\* |  | | | | | | | | | | | 港澳台号及其他\* | | |  | | | | |
| 实际居住地\* |  | | | | | | | | | | | | | | | | | | | |
| 户口所在地\* |  | | | | | | | | | | | | | | | | | | | |
| 出生证编号\* |  | | | | | | | | | 监护人缴纳园区社保 | | | | | |  | | | | |
| 健康情况 |  | | | | | | | | | | | | | | | | | | | |
| 是否有过敏史等 特殊体质情况 |  | | | | | | | | | | | | | | | | | | | |
| 是否单亲 |  | | | | | | | | 是否租住在园区 | | | | | | |  | | | | |
| **监护人基本信息** | | | | | | | | | | | | | | | | | | | | |
| 称谓\* | 姓名\* | | 出生年月 | | | | 学历 | | | | | | 移动电话\* | | | | 工作单位\* | | | |
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|  |  | |  | | | |  | | | | | |  | | | |  | | | |
| 职位 | 身份证\* | | | | | | 固定电话 | | | | | | 邮箱地址 | | | | 联系地址 | | | |
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| **居住地基本信息** | | | | | | | | | | | | | | | | | | | | |
| 所在楼盘详细地址\* | |  | | | | | | | | | 房产证持有人 | | |  | | | | 不动产编号 |  | |
| 产证日期 | |  | | | | 学生类型\* | |  | | | | | | | | | | 与幼儿关系 |  | |
| 家长签字： | | | | | | | | | | | | | | | | | | | | |
| 确认签字： 日期： | | | | | | | | | | | | | | | | | | | | |