**2014-2015年度中学生国际文化交流项目报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | |  | | | 英文姓名 |  | | | | | | 性别 | | | | |  | | |
| 出生时间：      年     月     日 | | | | | | 出生地 | |  | | | 户口所在地 | | | | |  | | |
| 学校、班级 | | |  | | | | | | | | | | 职务 | | | | |  | | |
| 家庭住址、邮编 | | |  | | | | | | | | | | 家庭电话 | | | | |  | | |
| 学生本人电子邮箱 | | |  | | | | | | | | | | 学生本人手机 | | | | |  | | |
| 项目志愿  （请按顺序填写国别） | | | 1.               2.              3. | | | | | | | | | | 是否愿意调剂 | | | | |  | | |
| 是否介意宠物 | | | 不介意□   介意 □ | | | | 有无特殊饮食习惯 | | | | | | 无 □  有 □ \_\_\_\_\_\_\_\_\_ | | | | | | | |
| 健康情况 | | | 良好□   一般□   较差□ | | | | 有无疾病史或过敏史？ | | | | | | 无 □  有 □ \_\_\_\_\_\_\_\_\_ | | | | | | | |
| 外语水平（注明语种、学习年数） | | |  | | | | | | | | | | | | | | | | | | |
| 爱好、特长 | | |  | | | | | | | | | | | | | | | | | | |
| 所获奖励 | | |  | | | | | | | | | | | | | | | | | | |
| 有无工作经历？  如有，详细说明。 | | |  | | | | | | | | | | | | | | | | | | |
| 有无国外交流经历？如有，详细说明。 | | |  | | | | | | | | | | | | | | | | | | |
| 其它需要补充的说明 | | |  | | | | | | | | | | | | | | | | | | |
| 家  庭  情  况 | 父亲姓名 | |  | | | | | | 联系方式 | | | | |  | | | | | | | |
| 工作单位和职务（职称） | | | | | | | | | 电子邮箱 | | | | |  | | | | | | |
| 母亲姓名 | | |  | | | | | 联系方式 | | | | | |  | | | | | | |
| 工作单位和职务（职称） | | | | | | | | | 电子邮箱 | | | | |  | | | | | | |