**中国民用航空飞行学院招收飞行技术专业学生初检表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | 性别 | |  | 民族 | |  | | | 出生  年月 |  | | | | | 一寸  免冠  照片 | |
| 籍贯 |  | **生源地**  **（学籍所在地）** | | | 省 | | | | | 政治面貌 |  | | | | |
| 父亲姓名 |  | 年龄 | |  | 政治面貌 | |  | | | 工作单位 | | | |  | | | |
| 母亲姓名 |  | 年龄 | |  | 政治面貌 | |  | | | 工作单位 | | | |  | | | |
| 学  校  意  见 | **（学校盖章）** | | | | | | | | | | | | | | | | | |
| 最近一次  统考成绩 | | 总分  （满分750分） | | |  | | | 英语 | | |  | | | 年级名次 | |  | |
| 身  体  状  况 | **身 高**  **（学院填写）** | | | 厘米 | | | | **体 重**  **（学院填写）** | | | | | 公斤 | | | | |
| **视力电子验光单粘贴处**  **（眼镜店或医院测试均可）** | | | | | | | | | | | | **是否做过视力矫正手术** | | | | |
| **是□ 否□** | | | | |
| **考**  **生**  **须**  **知** | **1．考生参加初检时必须携带一个月以内的视力电子验光单一份。**  **2．报考学生经所在学校同意并加盖公章后，按通知的时间、地点参加面试初检。**  **3．学生应持本人身份证（或户口簿）、一寸免冠照片1张。**  **注：须凭此表参加面试初检！（涂改无效、无学校公章无效）** | | | | | | | | | | | | | | | | |

**以下信息十分重要，请用正楷字体认真填写**

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| **姓名** |  | | | | | | | **生源地** | | | | | **省 市** | | | | | | | | | | |
| **学校** |  | | | | | | | **班级** | | | | |  | | | | **文理科** | | | |  | | |
| **身份证号** |  |  |  |  |  |  |  | |  | |  |  | |  |  |  | |  |  |  | |  |  |
| **联系电话（父母）** | | | | | | | | | | **联系电话（本人）** | | | | | | | | | | | | | |