附件2

报考飞行学院学员名册

郑州市 区(县、市) 中学 联系人 : 联系方式:

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| 序号 | 班次 | 姓名 | 出生年月日 | 民族 | 担任  职务 | 高二年级  期末考试成绩 | 身体状况 | | | | | | | |
| 身高（cm） | 体重(kg) | 祼眼视力 | | 是否配镜及  配镜度数 | | 是否配戴角膜塑形镜 | 其他疾病 |
| 左 | 右 | 左 | 右 |  |
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学校盖章: