**（五年制面试表）**

**招生报名登记表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | | |  | | | | | | 性 别 | | | | | |  | | | | 出生年月 | | | | | |  | | | | | | | | | | | 民族 | | |  | | | | 照 片 | | | |
| 目前学历 | | |  | | | | | | 拟报专业 | | | | | |  | | | | | | | | | |  | | | | | | | | | | |  | | | | | | |
| 学生电话 | | |  | | | | | | | | | | | | 父亲电话 | | | | | |  | | | | | | | | | 母亲电话 | | | | | |  | | | | | | |
| 毕业学校 | | |  | | | | | | 学校地址 | | | | | | 省 市 县（区） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 身份证号 | | |  | |  | |  | | |  | |  | |  | | |  | | |  | | |  | | |  | | |  | | | |  | |  | | |  | |  | |  | | |  |  |
| 通知书收件地址 | | | | | | 省 市 区/县 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 年 月 - - 年 月 在 年级 班学习 曾担任 职务 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 班主任姓名 | | | |  | | | | | | | | | 班主任电话 | | | | |  | | | | | | | | | | | | | | 才艺特长 | | | | |  | | | | | | | | | |
| 身高 | | CM | | | | | | 体重 | | | | | Kg | | | | | | | | | 左眼裸眼视力 | | | | | | | |  | | | | | | | 右眼裸眼视力 | | | | | | |  | | |
|  | X型腿 | | | | | 有（ ） 无（ ） | | | | | | | | | | | | | | | | | | | | | O型腿 | | | | | | | 有（ ） 无（ ） | | | | | | | | | | | | |
| 面部疤痕 | | | | 无（ ）有（ ） | | | | | | | | | O/X型腿 | | | | | | 无（ ）有（ ） | | | | | | | | | | | | | 纹身情况 | | | | | | | | | 无（ ）有（ ） | | | | | |
| 上肢疤痕 | | | | 无（ ）有（ ） | | | | | | | | | 跟腱问题 | | | | | | 无（ ）有（ ） | | | | | | | | | | | | | 色盲色弱 | | | | | | | | | 无（ ）有（ ） | | | | | |
| 下肢疤痕 | | | | 无（ ）有（ ） | | | | | | | | | 身体异味 | | | | | | 无（ ）有（ ） | | | | | | | | | | | | | 眼睛斜视 | | | | | | | | | 无（ ）有（ ） | | | | | |
| 英语口语 | | | | A( )B( )C( ) | | | | | | | | | 普通话 | | | | | | A( )B( )C( ) | | | | | | | | | | | | | 心理健康 | | | | | | | | | A( )B( )C( ) | | | | | |
| 注意事项:以上信息由考生如实填写，航空专业需由面试官用红色签字笔填写以下信息，报考航空专业前请考生认真阅读报考指南各专业招生选拔条件，因信息错误或条件不符造成的一切后果需考生自行承担。  航空专业面试报名要求  1.持身份证或户口本、毕业证原件直接到学校招生处或者各地招生点参加面试并报名；  2.考生务必带本人彩色寸照3张及本人身份证。面试是请着宽松裙装（女生），不要着连裤袜，不要戴美瞳或假睫毛。  温馨提示  1.报读航空专业要求面部、颈部、手部及其他部位无纹身、明显疤痕、胎记；  2.由于行业特殊要求，航空行业需对应聘者本人及直系亲属进行政治审查，政审不合格考生，请慎重报考。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 身高、体重、疤痕、视力、语言表达能力等信息复测结果 | | | | | | | | | | | | | | | | | | | | | | | | 合格（ ）备注： | | | | | | | | | | | | | | | | | | | | | | |
| 形象 | | A( ) B( ) C( ) | | | | | | | | | | | 气质 | | | A( ) B( ) C( ) | | | | | | | | | | | | | | | 综合评级 | | | | | | A( ) B( ) C( ) | | | | | | | | | |
| **中职阶段专业名称** | | | | | | | | | | | | | **对应高职阶段专业名称** | | | | | | | | | | | | | | | | | | | | | **面试官推荐专业** | | | | | | | | | | | | |
| 航空服务 | | | | | | | | | | | | | 空中乘务 | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| 飞机设备维修 | | | | | | | | | | | | | 飞机机电设备维修 | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| 民航运输服务 | | | | | | | | | | | | | 民航运输服务 | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| 面试信息 |  | | | | | | | | | | 面试意见 | | | | 面试官签章  面试官签字： | | | | | | | | | | | | | 面试备注 | | | | | |  | | | | | | | | | | | | |

学院领导： 负责人： （ ） 面试日期： 年 月 日