附件1

宁夏学前教育家庭经济困难儿童认定申请表（样表）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 幼儿园： | | | | |  |  | |  | | |  |  |  | | |  | 年级： | | |  | |  | | | |  | |  | |  | | | 班级： | | | | | | | | |  | |  |  | | |  | |
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|  | 姓名 | | | |  |  | |  | | |  |  | 性别 | | |  |  | | |  | | 是否本县 | | | | | |  | |  | | | □是 | | |  | | □否 | | | |  | |  |  | | |  | |
| 儿童 |  |  | |  | | |  |  |  |  | | |  | | 区户籍 | | | | | |  | |  | | |  | |  | |  |  | | |  | |
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| 基本 |  | |  | |  |  | |  | | |  |  |  | | |  |  | | |  | |  | | | |  | |  | |  | | |  | | |  | |  | | | |  | |  |  | | |  | |
| 出生年月 | | | | |  | |  | | |  |  |  | | |  |  | | |  | | 籍贯 | | | | | |  | |  | | |  | | |  | |  | | | |  | | 照片 |  | | |  | |
| 情况 |  | |  | | |  |  |  | | |  |  | | |  | |  | |  | | |  | | |  | |  | | | |  | |  | | |  | |
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| 身份证号 | | | | |  | |  | | |  |  |  | | |  |  | | |  | | 家庭人口 | | | | | |  | |  | | |  | | |  | |  | | | |  | |  |  | | |  | |
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| 家长 | 监护人姓名 | | | | |  | |  | | |  |  |  | | |  | 性别 | | |  | |  | | | | 与儿童关系 | | | | | | | | | | | |  | | | |  | |  |  | | |  | |
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| 基本 | 监护人身份证号 | | | | | | |  | | |  |  |  | | |  |  | | | 现住址 | | | | | | | |  | |  | | |  | | |  | |  | | | |  | |  |  | | |  | |
| 情况 |  | |  | |  |  | |  | | |  |  |  | | |  |  | | |  | |  | | | |  | |  | |  | | |  | | |  | |  | | | |  | |  |  | | |  | |
| 详细户籍所在地 | | | | | | |  | | |  |  |  | | |  |  | | |  | |  | | | |  | |  | | 监护人手机号 | | | | | | | | | | | |  | |  |  | | |  | |
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|  |  | 姓名 | | | | 年龄 |  | | 与儿童 | | | | |  | 所在单位 | | | | | | | | | |  | |  | | | | 职业 | | | | | | | |  | 备注 | | | | |  |  | | | | |
| 家 |  |  | |  | 关系 | | | |  |  | |  | | | |  |  |  | | | | |
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| 庭 |  |  | |  | |  |  | |  |  | | | |  |  | | |  |  | | | |  |  |  | |  | | | |  | | |  | | | | |  |  | | | | |  |  | | | | |
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| 员 |  |  | |  | |  |  | |  |  | | | |  |  | | |  |  | | | |  |  |  | |  | | | |  | | |  | | | | |  |  | | | | |  |  | | | | |
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| 况 |  |  | |  | |  |  | |  |  | | | |  |  | | |  |  | | | |  |  |  | |  | | | |  | | |  | | | | |  |  | | | | |  |  | | | | |
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|  | 脱贫家庭学生（原建档立卡学生）: | | | | | | | | | | | | | | |  | □是； | | |  | | 城乡低保家庭儿童： | | | | | | | | | | | | | | | | | | | |  | | □是； |  | | |  | |
| 困难 | 脱贫不稳定家庭学生（原建档立卡学生）：□是； 残疾儿童： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | |  | | □是； | |  | |  | |
| 城乡特困救助供养儿童： | | | | | | | | | | |  |  | | | □是； | | | |  | 残疾家庭儿童： | | | | | | | | | | | | | | | | | | | |  | | □是； | |  | |  | |
| 类型 |  |  | | |  |  | |  | |  | |
| 孤儿： | | | |  |  | |  | | |  |  |  | | | □是； | | | |  | 事实无人抚养儿童 ： | | | | | | | | | | | | | | | | | | | |  | | □是； | |  | |  | |
|  |  |  | |  | | |  |  |  | | |  |  | |  | |  | |
|  | 烈士子女： | | | | | | |  | | |  |  |  | | | □是； | | | |  |  | | | | | | | |  | | |  | | |  | |  | | | |  | |  | |  | |  | |
| 家长 | 本人承诺以上填写资料真实，如有虚假，愿承担相应责任。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | |  | |  | |  | |  | |
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| 承诺 |  | |  | | 家长（或监护人）： | | | | | | | | | | |  |  | | |  | |  | | | | 申请时间： | | | | | | | | | |  | | 年 | | | | 月 | | 日 |  | | |  | |
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| 班级审核意见： | | | | |  |  | |  | | |  |  |  | | |  | 园长审核意见： | | | | | | | | | | | | |  | | |  | | |  | |  | | | |  | |  |  | | |  | |
| 班主任签字： | | | | |  |  | |  | | |  |  |  | | |  | （单位公章） | | | | | | | | | | | | |  | | |  | | |  | |  | | | |  | |  |  | | |  | |
|  |  | |  | |  | 年 | | 月 | | | |  | 日 | | |  |  | | |  | |  | | | |  | |  | |  | | | 年 | | |  | | 月 日 | | | | 日 | |  |  | | |  | |
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| 附件2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 宁夏学前教育“一免一补”受助儿童明细表 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （2024年春季学期） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 中心学校（县直幼儿园）（公章）： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **序号** | **学校（幼儿园）名称** | | **幼儿姓名** | **身份证号码（**末尾为X时一定要大写**）** | | **性别** | | **民族** | **入园日期** | | **班级** | **法定监护人姓名** | | **监护人与幼儿的关系** | | **身份证号码（**末尾为X时一定要大写**）** | | **家庭住址** | | **法定监护人电话** | | **保障人姓名** | | **保障人身份证号码（末尾为X时一定要大写）** | | **自治区** | | | **困难类型** | **资助依据** |
|  | 与公章名称相一致 | | 身份证名与学籍名相一致 | 要求18位身份证号码。文本格式填报 | | 男/女 | | 使用全称如：汉族 | 格式： 2021-09 | | 如： 中（2） | 与身份证姓名相一致 | | 如：母女 | | 要求18位身份证号码。文本格式填报 | | 按实地具体住址填写 | | 区号-固定电话，或手机号码 | | 与身份证姓名相一致 | | 要求18位身份证号码。文本格式填报 | | 免除保教费（元） | | 补助生活费（元） | 从下拉列表中 选择 | 中央下发、自采集（从下拉列表中选择） |
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| 填表说明：1、幼儿园名称要与“全国学生资助管理信息系统学前教育资助子系统”中的名称一致。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 2、享受资助的学生必须在园（校）在籍。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 3、本表纸质版一式二份，每份需填报人和园长或校长签字、盖章后上报教育局，待审核后，中心学校（县直幼儿园）、教育局各留存一份。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 中心学校（县直幼儿园）审核意见： 园长（校长）签字： 经办人： 联系电话： 填报日期： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 附件3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2024年春季学期学前教育在园（校）在籍家庭经济困难儿童信息统计表  **（人数不能重复统计）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 单位名称： 法 人： 保教费（元/月）： 伙食费（元/月）：  主要负责人签字（盖单位公章）： 填报人： 联系电话: 填表时间: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **班级** | | **在校（园）儿童**  **总人数** | | | **在校（园）儿童**  **总受助人数** | | 学前教育“一免一补”资助 | | | | | | | | | | | | | | | | | | | | **备注** | | |
| **脱贫家庭儿童（原建档立卡儿童）** | | | **脱贫不稳定家庭**  **儿童（原建档立卡儿童）** | | | **残疾儿童** | | **残疾家庭**  **儿童** | | **城乡低保**  **家庭儿童** | | **城乡特困救助**  **供养儿童** | | **孤儿** | | **事实无人抚养儿童** | | **烈士**  **子女** | |
|
| 小班 | |  | | |  | |  | | |  | | |  | |  | |  | |  | |  | |  | |  | |  | | |
| 中班 | |  | | |  | |  | | |  | | |  | |  | |  | |  | |  | |  | |  | |  | | |
| 大班 | |  | | |  | |  | | |  | | |  | |  | |  | |  | |  | |  | |  | |  | | |
| 幼儿班 | |  | | |  | |  | | |  | | |  | |  | |  | |  | |  | |  | |  | |  | | |
| 总人数 | |  | | |  | |  | | |  | | |  | |  | |  | |  | |  | |  | |  | |  | | |

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| 附件4  同心县2024年春季学期中央下发未资助学生花名册 | | | | | | | | | | |
| 序号 | 学校名称 | 姓名 | 性别 | 身份证号 | 家庭详细住址 | 年级班级 | 联系电话 | 贫困类型 | 未资助原因 | 备注 |
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| **同心县2024年春季学期自采集未资助学生花名册** | | | | | | | | | | |
| 序号 | 学校名称 | 姓名 | 性别 | 身份证号 | 家庭详细住址 | 年级班级 | 联系电话 | 贫困类型 | 未资助原因 | 备注 |
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