**护理学院学生及家庭情况调查表**

**专业：** **年级：**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **学生本人基本情况** | 姓 名 | | |  | | | 性 别 | | | |  | | | | 出生年月 | | | |  | | | | 民 族 | | | | | | | |  |
| 政治面貌 | | |  | | | 身份证号 | | | | | | |  | | | | | | | | 毕业中学 | | | |  | | | | | |
| 个人特长 | | |  | | | 入学前户籍 | | | | | | | □城镇 □农村 | | | | | | | 家庭人口 | | | | | |  | | | | |
| 烈士子女 | | | □是□否 | | | | 孤儿 | | | | □是□否 | | | | 孤残 | | □是□否 | | | | | | | 单亲 | | | □是□否 | | | |
| 最低生活保障救助证 | | | | | | | | | □有 □无 | | | | | 农村五保户家庭的子女 | | | | | | | | | | | | | | □是□否 | | |
| 特困家庭证明 | | | | | □有 □无 | | | | | 来自国家级贫困县农村地区 | | | | | | | | | | | | | □是 □否 | | | | | | | |
| **家庭通讯信息** | 详细通讯地址 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 邮政编码 | | | |  | | | | | | 联系电话 | | | | | | （区号）－ | | | | | | | | | | | | | | |
| **家庭成员情况** | 姓名 | | 年龄 | | 与学生  关 系 | | | | 工作（学习）单位 | | | | | | | | | | | 职业 | | | 年收入 | | | | | | | 健康状况 | |
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| **影响家庭经济**  **状况有关信息** | 家庭人均年收入 （元）。学生历学年已获资助情况  。  家庭遭受自然灾害情况： 。  家庭遭受突发意外事件： 。  家庭成员因残疾、年迈而劳动能力弱情况： 。  家庭成员失业情况： 。  家庭成员再就业情况： 。  家庭欠债情况： 。  其他情况或家庭困难： 。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **签字** | 学生本人 |  | | | 学生家长或监护人 | |  | | | | | | 家庭所在地乡镇或街道民政部门 | | | 经办人签字：  单位名称：（加盖公章）  年 月 日 | | | | | | | | | | | | | | | |
| **民政部门信息** | 通讯地址 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 邮政编码 | | | |  | | | | | | | | 电 话 | | | （区号）－ | | | | | | | | | | | | | | | |

**注：本表可复印使用。请如实填写，并到家庭所在地乡镇或街道民政部门盖章后，交到学校。**