附件：

**北医附中“1+3”项目报名表**

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| 姓名 |  | | | | 性别 |  | | 出生年月日 | | | | 民族 |  |
| 政治面貌 | | | 年 月 加入中国共青团 | | | | | | | | | | |
| 户口所在地 | | |  | | | | | | | | | | |
| 简历 | 何年何月至何年何月 | | | | | | | | 在何校学习 | | | | |
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| 家长情况 |  | 姓名 | | 年龄 | | 工作单位 | | | | 职务 | 电话 | | |
| 父 |  | |  | |  | | | |  |  | | |
| 母 |  | |  | |  | | | |  |  | | |
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| 获奖情况 | 何年何月 | | | | | | 获得何种奖励 | | | | | | |
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| 选择北医附中的自身优势及原因 | 学生签名 家长签名 | | | | | | | | | | | | |