附件2

家庭特困学生汇总表

单位: 填表时间：

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| 序号 | 姓 名 | 性别 | 学校、年级、班级 (完整填写） | 监护人姓名及联系电话 | 家庭详细地址 | 受助原因 | 备注 | 备注 | 备注 |
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注：“受助原因”栏，应填写“孤儿”、“单亲”、“父或母丧失劳动能力”或其他，并简要说明。