附件一：

**北京航空航天大学飞行技术专业报名表**

填表时间： 年 月 日

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 高中学校名称 | |  | | | | | | | | | | | | 所在班级 | | | | | | |  | | | | | | | | 一寸彩色照片 | |
| 学校所在地址 | | 省 市 县（区） | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 学生姓名 | |  | | | | | | 性别 | | |  | | | | | | | 出生年月 | | | |  | | | | | | |
| 姓名拼音 | |  | | | | | | 民族 | | |  | | | | | | | 籍贯 | | | |  | | | | | | |
| 身份证号 | |  | | | | | | | | | | | | | | | | 政治面貌 | | | |  | | | | | | | | |
| 学生本人  联系方式 | | 固定电话（加注区号）： 手机： | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 兴趣爱好 | |  | | | | | | | | | | 性格特点 | | | | |  | | | | | | | | | | | | | |
| 眼睛是否做过  视力矫正手术 | | □是  □否 | | | QQ号 | | | | | | |  | | | | | | | 电子  邮箱 | | | |  | | | | | | | |
| 高考类别 | | 应届/往届 | | |  | | | | | | | 外语种类 | | | | | | |  | | | | 考生类别 | | | | □文科□理科 | | | |
| 参加其他招飞 | | □有 □无 具体招飞单位： | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 父亲姓名 | |  | | | | 工作单位 | | | |  | | | | | | | | | | | | 联系电话 | | | |  | | | | |
| 母亲姓名 | |  | | | | 工作单位 | | | |  | | | | | | | | | | | | 联系电话 | | | |  | | | | |
| 班主任姓名 | |  | | | | 联系方式 | | | |  | | | | | | | | | | | | 班主任签字 | | | |  | | | | |
| 最近模考成绩 | | 数学 | |  | | | | | 语文 | | | | | |  | | | | | 英语 | | | |  | | | | 综合 | |  |
| 个人承诺 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 我已详细阅读报名条件及自荐标准，认为符合要求，并已征得家长同意，填写内容属实，愿报名参加北京航空航天大学招飞选拔。  学生本人签字： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 以下由初检老师填写 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 身体状况 | 身高（cm） | |  | | | | 体重（kg） | | | | | |  | | | 腋臭 | | | |  | | | | 其它 |  | | | | | |
| 右眼视力 | |  | | | | 左眼视力 | | | | | |  | | | 色盲 | | | |  | | | |
| 英语能力 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |