附件：《禹城市特殊教育学校报名登记表》

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| **姓名** | **性别** | **出生年月** | **民族** | **政治 面貌** | **毕业 学 校** | **专业** | **毕业 时间** | **籍贯** | **教师资格证书编号** | **联  系**  **电  话** | **身份证号码** | **邮 箱** |
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