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| **花蓮縣非學校型態實驗教育學籍異動申請表**  註：1.法定監護人若為父母或養父母時，父與母均應簽章。  2.非學校型態實驗教育，欲變更學籍時，請填具本表，經學校核章同意後，向本府教育處提出異動申請。   |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 學生  姓名 |  | 性別 | □男  □女 | | 身份證字號 | | | |  | | 出生  日期 | 年 月 日 | | 設籍  學校 |  | | | | | | | | | | 年級 |  | | 法定監護人 | (簽章) | 與學生關 係 | |  | | | 地址 |  | | | 聯絡電話 | O：  H：  手機：  （務必填寫） | | (簽章) | 與學生關 係 | |  | | | 地址 |  | | | 聯絡電話 | O：  H：  手機：  （務必填寫） | | 學籍  變更 | □學籍異動 □無學籍 | | | | | | | | | | | | | 學  籍  變  更  原  因 |  | | | | | | | | | | | | | 原設籍  學校  核章 | 承 辦 人 | | | | | 主 任 | | | | 校 長 | | | | 聯絡電話： | | | | |  | | | |  | | | | 現設籍  學校  核章 | 承 辦 人 | | | | | 主 任 | | | | 校 長 | | | | 聯絡電話： | | | | |  | | | |  | | | |