附件4：

企业员工子女就学志愿汇总表

填报单位： （盖章） 填报时间： 年 月 日

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **员工姓名** | **身份证号码** | **联系电话** | **现任职务** | **任现职时间（X年X月）** | **社保编号** | **连续社保开始年月（X年X月）** | **连续社保月数** | **子女姓名** | **身份证号码** | **户籍****（详写至门牌号）** | **民族** | **性别** | **入读年级** | 就读学校志愿 |
| 第一志愿 | 第二志愿 | 第三志愿 |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

企业经办人： 联系电话：