附件2

**2020年武汉市高中阶段学校招生抗疫一线医务人员子女考生申报汇总表**

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| 序号 | 考生姓名 | 性别 | 毕业学校 | 报名号 | 父亲（或母亲）姓名 | 身份证号 | 工作单位 | 备注 |
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区 年 月 日