高雄市立○○國民中學

(高雄市○○區○○國民小學)

105學年度原住民學生免付費學校午餐費證明文件申請名冊

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| 編號 | 學生姓名 | 就讀班級 | 身分證字號 | 家長姓名 | 檢附資料是否齊全 | 備註 |
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 填表日期： 年 月 日

承辦人員： 午餐執秘： 聯絡電話：

※備註：申請名冊請貴校e-mail：b93b003@kcg.gov.tw信箱或以公文電子交換