**臺南市六甲區六甲國民小學善心人士捐助款申請書 (\_\_\_\_學年度 第\_1\_學期)**

年 月 日

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| 申請學生 |  | | | 性別 | | | □男 □女 | | | | 出生年月日：民國 年 月 日 | | | | | | | | | | | | | | | | |
| 就讀班級 | 年 班 | | | | | | | | | | 學生身分證  字號 | |  | |  |  | |  | |  | |  |  | |  |  |  |
| 家長姓名 |  | | | | | | | | | | 聯絡電話 | | |  | | | | | | | | | | | | | |
| 申請項目 | **無力繳交代收代辦費及弱勢學生[教科書補助]-(NT: )** | | | | | | | | | | | | | | | | | | 請填入導師認定後不足之金額。  如:721-500=221 | | | | | | | | |
| 家  庭  狀  況 | 一、家庭成員狀況： □自有房屋 □租屋 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 稱  謂 | 姓名 | | | 存  殁 | 年  齡 | | 每月  收入 | | 稱  謂 | | 姓名 | | | | | 存  殁 | | | | 年  齡 | | | 每月  收入 | | | |
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| 說明：請說明父母及家中兄弟姊妹狀況、家庭收支情形。 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭狀況描述： | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 導師簽章 | | | 委員審核（核章） | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | 教務主任 | | | | | | 學務主任 | | | | | | | | 校 長 | | | | | | | | | | |
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| 輔導室主任 | | | | | | 總務主任 | | | | | | | |
|  | | | | | |  | | | | | | | |
| 審核結果 | **□核發 補助金額新台幣 仟 佰 拾 元整(NT: )**  **□不予核發** | | | | | | | | | | | | | | | | | | | | | | | | | | |