附件2

**福建省2020年中小学骨干班主任省级培训**

**参训学员推荐汇总表**

设区市教育局（公章）： 联系人： 联系电话：

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **培训班级** | **设区市** | **县（市区）** | **学校全称** | **姓名** | **性别** | **学段** | **身份证号码** | **移动电话** | **职务/职称** | **邮编** | **电子邮箱** |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |
| …… |  |  |  |  |  |  |  |  |  |  |  |  |

填表须知：“培训班级”请填写“高中骨干”或“小学骨干”或“初中心理”。