附件3

山东省普通高中学业水平考试外语听力免试学生名单

**市： 2016级及以前学考 □ 2017级合格考试 □**

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| **序号** | **姓名** | **学校** | **学籍号** | **身份证号** | **双耳听力损失值** |
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填报人： 负责人： 市招生考试机构：（公章） 市教育行政部门：（公章）