106學年度家長委託學校協助學童牙齒矯治醫療申請名單

申請時間截至106.12.08 12:00止

班級: 年 班 導師簽名: 申請日期:

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| 序號 | 座號 | 姓名 | 有健保 | 無健保 | 家境貧困 | 家長忙碌 | 備 註 |
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