附件5：

**家庭经济困难学生班级评议小组名单**

|  |
| --- |
| 班级：  |
| 序号 | 姓名 | 性别 | 职务 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| 班主任签字： |