**屏東縣「校園違規吸菸」 通報單**

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| **通報日期** | **年 月 日** | | |
| **學校名稱** | **國立東港高級海事水產職業學校** | | |
| **學校承辦人姓名** | **林家偉** | | |
| **學校承辦人電話** | **08-8333131 (分機) 268** | **手機** | **0911-486489** |

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| **一、違規吸菸者 基本資料** | | | | | | | |
| **違規日期** | **年 月 日** | | | | | | |
| **違規地點** | 🞏校內：  🞏校外： | | | | | | |
| **學生姓名** |  | | **班級** |  | | | |
| **生日** |  | | **身分證字 號** |  | | | |
| **戶籍地址** |  | | | | | | |
| **聯絡地址** |  | | | | | | |
| **連絡電話** |  | | | | | | |
| **二、違規吸菸者 監護人資料** | | | | | | | |
| **監護人姓名** | (關係) | | | | **電話** | |  |
| **地址** |  | | | | | | |
| **三、違規吸菸者 吸菸照片**(若無照片則免付) | | | | | | | |
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| **學校承辦人簽章** | | **承辦單位主管簽章** | | | | **校長簽章** | |
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