附件2

2025年广东省基础教育课程教学改革深化

行动项目校信息汇总表

填报单位(盖章): 地市联系人: 联系电话：

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| **所属** **地市** | **序号** | **学段**  **(小学/** **初中/高**  **中** **)** | **项目校名称** | **负责人** | **职称** | **职务** | **手机** | **联系人及**  **手机** | **电子邮箱** |
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注：可加页。