**OFISI YA RAIS**

**TAWALA ZA MIKOA NA SERIKALI ZA MITAA**

**HALMASHAURI YA WILAYA KIBITI**

**SHULE YA SEKONDARI MSAFIRI**

S.L.P. 50

KIBITI

Tarehe: 18/12/2020

**SIMU: 0784 – 903 703 / 0655 – 903 703**

**KUMB: NA. MSS/JI/2021**

**MWANAFUNZI ......................................................................SHULE..............**

**YAH: MAAGIZO YA KUJIUNGA NA SHULE.**

1. Ninayo furaha kukujulisha kuwa umechaguliwa kujiunga na kidato cha kwanza, shule hii mwaka **2021**. Shule yetu ipo katika Kijiji cha Msafiri, kata ya Bungu, Wilaya ya Kibiti, Mkoa wa Pwani. Ni shule ya kutwa na mchanganyiko.

Muhula wa masomo unaanza tarehe **11/01/2021.** Unatakiwa kuripoti shuleni kuanzia tarehe **11/01/2021**. Na mwisho wa kuripoti ni tarehe **29/01/2021**.

1. **MAMBO MUHIMU YA KUZINGATIA**
   1. **SARE YA SHULE**
2. **KWA WAVULANA NI:-**
3. Suruali 2 rangi nyekundu damu ya mzee.

***NB: Haturuhusu suruali za modo/ mdomo wa chupa/mshono wa kihuni.***

1. Shati jeupe mikono mifupi.
2. Viatu vyeusi vya ngozi vya kufunika vyenye kisigino kifupi.
3. Raba za rangi yoyote zinazovaliwa siku za jumatano na ijumaa kwa ajili ya michezo.
4. Soksi nyeusi jozi mbili (2).
5. Mkanda mweusi upana inch 1½.
6. Suruali ya track suit rangi ya blue kwa ajili ya michezo.

1. **KWA WASICHANA.**
2. Sketi 2 nyekundu damu ya mzee (maroon).

Mshono ni rinda box, haturuhusu kitambaa chepesi wala sketi fupi.

1. Viatu vyeusi vya ngozi vya kufunika vyenye kisigino kifupi.
2. Raba za rangi nyeupe zinazovaliwa siku ya jumatano na ijumaa kwa ajili ya michezo.
3. Soksi nyeupe jozi 2.
4. Shati jeupe mikono mifupi.
5. Suruali ya track –suti rangi ya blue kwa ajili ya michezo.
   1. **MAHITAJI YA DARASANI.**
6. Madaftari makubwa (counter book) au daftari zenye kurasa 200 zipatazo kumi (10).
7. Mkebe wa hisabati
8. Begi la kubebea daftari
9. Kalamu za wino na penseli za kutosha
10. Folder file moja kwa ajili ya kutunzia kumbukumbu zake za masomo na mitihani

* 1. **MAHITAJI NJE YA DARASA.**

1. Ufagio wa wima
2. Kwanja
3. **MAMBO MENGINE MUHIMU.**

Hakikisha fomu zifuatazo ziwe zimejazwa kabla ya kuripoti

* Fomu ya usajili
* Fomu ya kupimwa afya

1. Tafadhali soma kwa makini maelezo haya na kuyatekeleza kikamilifu.

Sheria na kanuni muhimu za shule utapata mara baada ya kuripoti shuleni.

***“MOTTO WETU NI ELIMU KWA MAFANIKIO”***

KARIBU SANA MSAFIRI SEKONDARI

**................................**

**MWITA M.H.**

**MKUU WA SHULE**

**KIAMBATISHO ‘C’ USAJILI**

**(Ijazwe na kukabidhiwa ofisi ya kujiandikisha shuleni)**

Jina kamili la Mwanafunzi ....................................................................................

Tarehe ya kuzaliwa ................................................................................................

Mahali alipozaliwa .................................................................................................

Uraia .......................................................................................................................

Shule anakotoka .....................................................................................................

Dini ........................................................................................................................

Jina la mzazi / Mlezi ..............................................................................................

1. Kazi ya Mzazi/ Mlezi ..................................................................................
2. Anuani yake ................................................................................................
3. Namba ya simu ya mzazi/ mlezi .....................Makazi (Kitongoji) ..............

(mabadiliko yawasilishwe ofisini mara moja).

Majina ya ndugu wanne au jamaa wa karibu na anuani zao.

|  |  |  |  |
| --- | --- | --- | --- |
| Na | JINA | UHUSIANO | SIMU |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |

**Ahadi ya Mwanafunzi.**

Mimi .......................................................................................ambaye nimepata nafasi ya masomo kidato cha ......................katika shule ya Msafiri.

**NIMEKUBALI/SIJAKUBALI** nafasi hii niliyopewa. Ninaahidi kuwa nitatii na kutekeleza kikamilifu sheria, kanuni na taratibu za shule wakati wote nikiwa Mwanafunzi wa shule hii. Nitatumia uwezo wangu kwa juhudi kubwa ili kupata maendeleo na mafanikio mazuri katika masomo yangu.

Nitahudhuria vipindi vyote vya masomo vya darasani na vya nje na nitafanya mazoezi na mitihani yote nitakayopewa. Nitawaheshimu, nitatii na kutekeleza maelekezo halali ya walezi na viongozi wangu wakiwemo Walimu, Wafanyakazi wasio walimu na wote watakao kuwa na mamlaka juu yangu kwa mujibu wa sheria na taratibu za shule.

Ninafahamu kwamba, kukiuka kwangu ahadi hii, kutanipotezea nafasi yangu ya masomo.

Saini ya Mwanafunzi ....................................................... Tarehe ........................

Jina la mzazi / mlezi .......................................................... Tarehe.........................

Saini ya mzazi / mlezi ........................................................ Tarehe ........................

**FORM M.E.**

**THE UNITED REPUBLIC OF TANZANIA**

**MINISTRY OF EDUCATION AND VOCATIONAL TRAINING**

**MSAFIRI SECONDARY SCHOOL**

**REQUEST FOR MEDICAL EXAMINATION**

**FROM** MSAFIRI SECONDARY SCHOOL

P.O. BOX 50

KIBITI

**TO**  THE MEDICAL OFFICER

.............................................

.............................................

.............................................

Please examine...................................................................................................

As his/ her fitness as a student in the following areas.

1. Eyes sight.....................................................................................................
2. Hearing........................................................................................................
3. Speech.........................................................................................................
4. Specimen
5. Stool.................................................................................................
6. Urine................................................................................................
7. Blood................................................................................................

1. Asthma.........................................................................................................
2. T.B...............................................................................................................
3. Pregnancy (for girls)....................................................................................
4. Other diseases..............................................................................................
5. Any disable as reported............................................................................
6. Hereditary diseases especially Debated/ Epileptic......................................

**MEDICAL CERTIFICATE.**

I have examined the above and found that He/ she is physical fit/unfit as a student.

Signature.............................................................. Station..................................

Designation.......................................................... Date......................................

**NOTE:** At the examination please treat the individual for any ailment you notes \*Delete as necessary