**JAMUHURI YA MUUNGANO WA TANZANIA**

**OFISI YA RAISI TAWALA ZA MIKOA NA SERIKALI ZA MITAA**

**HALMASHAURI YA WILAYA ITIGI**

SHULE YA SEKONDARI MGANDU

S.L.P 50

**ITIGI**

Tarehe ------------------

Jina La Mwanafunzi-----------------------------------------------

K.K

Mwalimu Mkuu

Shule ya msingi --------------------------------

**YAH: MAAGIZO YA KUJIUNGA NA KIDATO CHA KWANZA SHULE YA MGANDU SEKONDARIMWAKA 2021.**

1. **UTANGULIZI**

Ninayofuraha kukujulisha kuwa umechaguliwa kujiunga na kidato cha kwanza katika shule ya sekondari Mgandu mwaka 2021

1. **MAMBO MUHIMU YA KUZINGATIA**

Shule itafunguliwa tarehe 11/1/2021 unatakiwa kuripoti shule siku ya kufungua shule bila kukosa.

**2.1 SARE ZA SHULE**

1. Wavulana
2. Suruali mbili kitambaa kizito ya rangi ya blue bahari
3. Shati nyeupe jozi mbili ya mikono mifupi (tetron)
4. Viatu vyeusi vya ngozi vya kufunga na kamba
5. Sweta ya rangi ya blue bahari
6. Soksi nyeusi

**Zingatia:**Suruali za kubana haziruhusiwi.

1. Wasichana
2. Sketi mbili ndefu kitambaa kizito cha rangi ya blue bahari (Rinda box)ndefu.
3. Shati nyeupe mbili mikono mifupi
4. Viatu vyeusi vya ngozi vya kufunga na kamba visiwe na kisigino kirefu.
5. Soksi nyeupe jozi mbili.
6. Sweta ya blue bahari
7. **KWA WALE WANAOVAA HIJABU**
8. Juba linalofunika kifua
9. Sketindefu
10. Soksi nyeupe
11. Nusu kazu ndefu isiyobana urefu mapajani
12. **NGUO ZA MICHEZO KWA WANAFUNZI WATE**

Raba nanguozamichezorangiyabluu.

**2.2 VIFAA VYA MATUMIZI YA KILA SIKU**

1. Daftarikubwa 10 (counter book)
2. English dictionary
3. Mathematical set moja
4. Kalamuzakutoshaza wino napenseli
5. Rimu paper mojakwaajiliyamazoeziya wiki, mwezinamitihaniyanusumhulanakumalizamhula
6. **Sherianakanunimuhimuzashule.**

Shuleinaendeshwakwamujibuwasheriaya**Elimu Na.25**yamwaka**1978**nakamailivyorekebishwakwasheria Na.1995.Aidha, inazingatiamiongozoyoteinayotolewana**WizarayaElimuSayansinaTeknolojia**yenyedhamanayaelimuchini**yaOfisiyaRais – TAMISEMI** yenyejukumu la usimamizinauendeshajiElimu. Unatakiwakuzingatia mambo yamsingiyafuatayoambayoyatafafanuliwakwamaandishinautapewanakalayakemarabaadayakuripotishuleni.

1. Heshimakwaviongozi, wazazi,Wafanyakaziwote, wanafunziwenginenajamiikwaujumlanijambo la lazima.
2. Mahudhuriomazurikatikakilashughulindaninanjeyashulekulinganaratibayashulenilazima.
3. Kuwahikatikakilashughulizashulenanyingineutakazopewa
4. Kufahamumipakayashulenakuzingatiakikamilifumaelekezojuuyakuwepondaninanjeyamipakahiyowakatiwotewauanafunziwakokatikashulehii.
5. Kutunzauusafiwamwili, mavazinamazingirayashule.
6. Kuvaasarezashulewakatiwoteunapotakiwa.
7. Kuzingatiaratibayashulewakatiwotena,
8. Kutuzamalizaumma.
   1. Makosayafuatayoyanawezakusababishakufukuzwa au kusimamishwashule.
9. Wizi
10. Uasheratinaushoga
11. Ubakaji
12. Ulevinamatumiziyamadawayakulevyakama vile uvutajibangi,cocaine,mirungi,kuberinakadhalika
13. Kupigana au kupiga
14. Kuharibukwamakusudimaliyaumma
15. Kuwamjamzito/Kupatamimba
16. Kuoa au kuolewa
17. Kutoamimba
18. Kugoma,kuchocheanakuongoza au kushirikikuvurugaamaninausalamawashule au watu
19. Kuwanasimuyamkononi
20. Mambo menginemuhimuyanayopaswakukamilishwanakuwasilishwashuleninamwanafunzi.
21. Medical Examination form ambayoitajazwanamgangaMkuuwaHospitaliyaSerikali.
22. Maelezoyamzazikukirikukubaliananasheria,kanuninamaelekezomengineyatakayotolewanashule.
23. Tafadhali soma kwamakinimaelezo/maagizohayanakuyatekelezakikamilifu.

**KARIBUMGANDU SEKONDARI**

**----------------------------------------**

**SIMU:0683378599**

**MKUU WA SHULE**

**PRESIDENT’S OFFICE**

**REGIONAL ADMINISTRATION AND LOCAL GOVERNMENT**

**MGANDU SECONDARY SCHOOL**

**MEDICAL EXAMINATION FORM**

(*To be completed by government officer*)

Student full name…………………………………………………………………………………...

Age……………………………………..years………………………sex……………..…………..

Stool examination………………………………………………………………….……………….

Urinalysis………………………………………………………………………………...…………

Blood count (red &white)……………………………………………………………………..…..

Syphilis test………………………………………………,……………….………………………

Spleen…………………………………………………………………………..………………….

Mental condition……………………………………………………………………………………

Sight…………………………………………………………………………...……………………

Chest (TB)…………………………………………………………………………………………

Pregnancy……………………………………………………………………………………….…..

ADDITIONAL INFORMATION: (E.g. physical defects/ impalement or chronic disease requiring special treatment/attention)

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

I certify that I have examined the above student and recommend that he / she is fit / unfit to pursue his/her secondary education

Signature……………………………………….

Designation……………………………………..

Official stamp…………………………………..

Date……………………………………………..