OFISI YA RAIS TAMISEMI.
HALIMASHAURI YA WILAYA YA SIHA
SHULE YA SEKONDARI KILINGI
FOMU YA KUJIUNGA NA KIDATO CHA KWANZA MWAKA 2021

KUMB; NA KSS/JOI/2021/01

JINA LA MWANAFUNZI………………………………………………………………………………

YAH; MAAGIZO YA KUJIUNGA NA KIDATO CHA KWANZA KATIKA SHULE YA SEKONDARI KILINGI JANUARI MWAKA 2021.

1. UTANGULIZI

Ninayofuraha kukuarifu kwamba umechaguliwa kujiunga na kidato cha kwanza katika shule ya sekondari Kilingi iliyopo wilayani SIHA jirani na kituo cha polisi Sanya Juu.
Muhula wa masomo utaanza tarehe 11.01.2021, usajili wa wanafunzi utafanyika tarehe 07/01/2021 na tarehe 08/01/2021 kuanzia saa mbili kamili asubuhi hadi saa sita kamili mchana. Mzazi hakikisha unamleta mwanao asajiliwe mapema ili shule ikifunguliwa mwanao aanze masomo rasmi.

MAHITAJI YA MWANAFUNZI.

i. Sare ya shule hii ni suruali/sketi ya rangi ya kijivu cha kukolea. Mshono wa suruali uwe na marinda mawili mbele na upana wa chini ni inchi 16, Mshono wa sketi ni wa rinda boksi ndefu mpaka kifundo cha kisigino. Wanaovaa hijabu iwe nyeupe na sketi ndefu na blauzi nyeupe (nusu kanzu).
ii. Shati/ blauzi nyeupe ya mikono mifupi isiwe ya kubana.
iii. Sweta la rangi ya kijivu lifanane na suruali au sketi.
iv. Viatu vyeusi vya kufunga na kamba ambavyo havina visigino virefu, soksi nyeupe kwa wasichana na nyeusi kwa wavulana.

v. Pia kila mwanafunzi awe na nguo za michezo tisheti iwe nyekundu na kaptula nyeusi.
NB. Zingatia mshono ulioandikwa hapo juu, sare itakayoshonwa tofauti haitakubalika.

vi. Madaftari kaunta book tisa quire 2 au zaidi, madaftari madogo ya mazoezi, mkebe wa mahesabu, rula, kalamu za kutosha, pensel na kifuto, begi la kubebea madaftari.

NB: Kila mzazi amtimizie mtoto mahitaji mengine ya muhimu kama nguo za ndani,rangi ya viatu nk.
Kutakuwa na kikao cha wazazi tarehe 4/1/2021 saa mbili asubuhi ili kujadili taratibu zote zitakazo mwezesha mwanafunzi kukaa shuleni na kujifunza kwa utulivu likiwepo suala la chakula kwa wanafunzi. Mzazi tafadhali hudhuria. Pamoja na maelekezo haya naambatanisha sheria za shule, tamko la mzazi na fomu ya kupima afya.
Nakutakia maandalizi mema.

………………………………………………

Y.R.LYIMO
MKUU WA SHULE

HEADMISTRESS
KILINGI SEC. SCHOOL
P.O. BOX 128 SANYA JUU

OFISI YA RAIS TAMISEMI.
HALIMASHAURI YA WILAYA YA SIHA
SHULE YA SEKONDARI KILINGI
TAMKO LA KUKUBALI SHERIA ZA SHULE

(Ijazwe kisha irudishwe shuleni siku ya kuripoti)

JINA LA MWANAFUNZI...

TAREHE YA KUZALIWA..

JINA LA MZAZI/MLEZI..

NAMBA YA SIMU YA MZAZI...

KIAPO CHA UTHIBITISHO; Mimi .... nikiwa Mwanafunzi wa shule hii nakubali kuwa, Umma wa nchi hii ya Tanzania ndiyo ulionipa nafasi hii maalumu ya masomo ya Sekondari ili nimalizapo niweze kutumikia nchi hii katika maendeleo yake. Hivyo basi ninaahidi kwamba nitajibidisha hapa shuleni na pia nimalizapo shule, ili kutimiza shabaha hiyo.

Ninakubali na kuahidi kwahiari yangu mwenyewe nitatii sheria za shule na amri zote nitakazopewa na Walimu wangu. Nikiwa na malalamiko au maoni niyaonayo nitayafikisha kwa viongozi wa shule kufuatana na utaratibu uliowekwa bila ya kuogopa chochote.

Terehe... Saini ya Mwanafunzi...

TAMKO LA MZAZI/MLEZI

Mimi .... nikiwa Mzazi/Mlezi wa Mwanafunzi ....naahidi kutimiza wajibu wangu kama Mzazi/Mlezi wa mtoto huyu.

Tarehe .... Saini ya mzazi..

THE PRESDENT'S OFFICE
SIHA DISTRICT COUNCIL
KILINGI SECONDARY SCHOOL

REQUEST FOR MEDICAL EXAMINATION

To be completed by a Medical Officer in respect of all Form Ones and Five students who join Secondary schools.

PART A:

TO THE MEDICAL OFFICER

....

STUDENTS FULL NAME:..

Please examine the above named person as to be admitted to secondary EDUCATION

Signature .... Designation

Name of Head of School ....Y. R. LYIMO............. Official stamp ...Rhymo.......................

HEADMISTRESS
KILINGI SEC. SCHOOL
P. BOX 126 SANYA JUU

PART B:

TO BE COMPLETED BY MEDICAL OFFICER

Blood count (white and red)...

Stool Examination .... TB Test....................................

Eye Test .... Ears..

Chest.................................... Spleen..................................

Abdomen ....

Pregnancy (Girls only)

ADDITIONAL INFORMATION (e.g.; Physical defect or impairment)

....

....

....

Infection, Chronic disease or Family diseases etc.

....

Please certify that the above is fit to be admitted to secondary school education.

PART C:

MEDICAL OFFICER CERTIFICATION

I have examined the above person and consider that he/ she is/is not fit physically to join secondary education.

Medical Officer's Name.. Signature..

....

Official Stamp