SHULE YA SEKONDARI URAURI

S.L.P 121

TARAKEA

Barua pepe:uraurischool@yahoo.com

Tarehe ……………………………

KUMB.NA.URSS/J.L/F.I/VOL.1/………………...........

Jina la mwanafunzi ………………………………………………

S.L.P 121

TARAKEA

**YAH: MAAGIZO YA KUJIUNGA NA SHULE YA SEKONDARI URAURI WILAYA YA ROMBO MKOA WA KILIMANJARO MWAKA 2021.**

**Utangulizi**

Ninafuraha kukuarifu kwamba umechaguliwa kujiunga na kidato cha kwanza katika shule hii mwaka 2021

Muhula wa kwanza Utaanza tarehe 11/01/2021unatakiwa kuripoti shuleni kuanzia tarehe 11/01/2021 na mwisho wa kuripoti ni tarehe 18/01/2021 ndani ya siku saba.

**Mambo muhimu kuzingatia**

Kumpatia mwanafunzi ujuzi, maarifa na maadili ambayo yatamwezesha kuchukua nafasi yake katika kulitumikia Taifa lake na kumwezesha kupata mapato halali kwa kazi atakayofanya na kuwa Raia mwema.

**Masomo atakayofundishwa**

1. Uraia (Civics)
2. Historia (History)
3. Jiografia (Geography)
4. Kiswahili
5. Kingereza (English)
6. Hisabati (Mathematics)
7. Kemia (Chemistry)
8. Fizikia (Physics)
9. Elimu ya viumbe (Biology)
10. Kilimo (Agriculture)
11. Dini (Religion)

Kwa hiyo mwanao aje na madaftari makubwa kumi na nne (14) counter Book 3 quires, sare ya rangi ambayo mtapewa maelekezo na uongzi wa shule siku ya kikao cha wazazi wa wanafunzi waliochaguliwa kujiunga na kidato cha kwanza 2021 na daftari za kawaida za mazoezi ya wiki kumi na Nne (14).

**NAKUTAKIA KILA LAKHERI KATIKA KUWA ANDAA VIJANA**

**JUSTICE .J. KIKA**

**…………………….**

**MKUU WA SHULE**

**0716526028**

**THE UNITED REPUBLIC OF TANZANIA**

**ROMBO DISTRICT COUNCIL**

**URAURI SECONDARY SCHOOL**

**FORM FOR MEDICAL EXAMINATION**

**APPENDEX I :**

To be completed by a medical office in Government Hospital in respect of all new entrants to Urauri Secondary school.

1. Full name ……………………………………………………………
2. Age ………………………
3. Blood count (red& white) ………………………………………………
4. Stool examination ………………………………………………………
5. Urine examination ………………………………………………………
6. Eye test …………………………………………………………………..
7. Ear test …………………………………………………………………….
8. STDS test: …………………………………………………………………
9. Spleen : …………………………………………………………………… .
10. Abdomen: …………………………………………………………………..
11. Addition information from any physical, mental, hereditary disease or disabilities
12. …………………………………………………………………………………………………………..
13. …………………………………………………………………………………………………………
14. …………………………………………………………………………………………………….
15. Speech test : …………………………………………………………………..

Treatment after examination …………………………………………………………………………………………..

………………………………………………………………………………………………..

……………………………………………………………………………………………..

Please state nature of treatment ……………………………………………………………………….

Medical certificate.

I certify that the above mentioned name has been examined and found fit to purse further Education

Signature …………………………………

Designation: ……………………………

Date : ………………………. Station ……………………………….

**NB.Mwanafunzi anapopimwa afya na kujaziwa fomu ya MEDICAL EXAMINATION ahakikishe amepewa risiti ya malipo inayoonyesha kiasi alicholipa na risiti hiyo iambatanishwe na fomu hii.**

**HALMASHAURI YA WILAYA YA ROMBO**

SHULE YA SEKONDARI URAURI

S.L.P 121

TARAKEA

Mobile 0716526028

E- mail:uraurisecondaryschool@yahoo.com

**KIAMBATANISHO NA.2**

**YAH: FOMU YA KUKUBALI KUJIUNGA NA SHULE YA SEKONDARI URAURI**

1. MWANAFUNZI

Mimi mwanafunzi …………………………………………………………….( jina la mwanafunzi)

Nakiri kuwa nimesoma na kuelewa yote yaliyoko kwenye maagizo ya kujiunga na shule hii, nitazingatia kwa muda wangu wote wa masomo yangu hapa shuleni.

**………………………… …………………**

**SAHIHI TAREHE**

1. Mimi …………………………………………………………………………………(jina kamili) ambaye ni mzazi au mlezi wa ………………………………………………….. (jina la mtoto anayejiunga)

Nakiri kupokea, kusoma na kuzielewa taratibu zote zilizoko kwenye maagizo ya kujiunga na shule ya Sekondari Urauri. Iwapo mwanangu atakiuka taratibu hizo nitakuwa tayari kukubali hatua zitakazochukuliwa dhidi ya mwanangu anayejiunga

**……………………… ……………………**

**SAHIHI TAREHE**