

**OFISI YA RAIS TAWALA ZA MIKOA NA SERIKALI ZA MITAA  
HALMASHAURI YA MJI BARIADI  
SHULE YA SEKONDARI GIRIKU  
SHULE YASEKONDARI GIRIKU**

S.L.P 103

**BARIADI.  
15/12/2020.**

JINA LA MWANAFUNZI.....  
S.L.P.....  
**BARIADI.**

**YAH: MAAGIZO YA KUJIUNGA NA KIDATO CHA KWANZA KATIKA SHULE YA  
SEKONDARI GIRIKU**

**HALMASHAURI YA MJI BARIADI, MKOA WA SIMIYU MWAKA 2021**

**1.0.UTANGULIZI**

Ninayofuraha kukuarifu kwamba umechaguliwa kujiunga na kidato cha kwanza katika shule ya sekondari Giriku mwaka 2021

Shule ya sekondari Giriku ipo katika kata ya Bunamhala, Tarafa ya Ntuzu, umbali wa km 19.5 kutoka Bariadi mjini.

Muhula wa kuanza masomo unaanza tarehe 11/01/2021 na mwisho wa kuripoti ni tarehe 15/01/2018

**2.0.MAMBO MUHIMU YA KUZINGATIA**

**2.1.SARE ZA SHULE.**

- A. **WAVULANA:Suruali2,Moja rangi ya Damu ya mzee kitambaa kizito,na nyingine ya kaki.**
- B. Shati nyeupe 2 mikono mifupi,soksi jozi 2 nyeusi,Sweta moja rangi Damu mzee,viatu vyeusi jozi 2,Tai mbili,moja Damu ya mzee na ingine kaki.
- C. **WASICHANA:Sketi 2,Rangi Damu ya mzee moja,na ya pili kaki kitambaa kizito Linda box mbele na nyuma.Shati nyeupe 2, mikono mifupi.viatu vyeusi jozi 2,Sweta moja Damu ya mzee,soksi nyeupe jozi 2 ndefu,na Tai 2,moja Damu mzee na ingine kaki.**

**NB. MAVAZI YASIYO NA HESHIMA HAYARUHUSIWI.**

**3.0.SARE ZA MICHEZO KWA WAVULANA NA WASICHANA**

Utaratibu utatolewa mara mwanafunzi atakaporipoti shuleni

**3.1.Masomo yatakayofundishwa**

Kiswahili, kiingereza, hisabati, biolojia, uraia, kemia, historia,fizikia , jiografia .Masomo yote yanafundishwa kwa kiingereza, isipokuwa somo la Kiswahili. Lugha ya shuleni ni kiingereza.

**MAHITAJI YAKITAALUMA**

\_Counter book Q2 yawe 12,Kalamu za kutosha,madaftali ya Kati 9 kwa ajili ya mazoezi.Mathematical set na Begi la kubebea madaftali yake.

Israel konda,  
Mkuu wa shule.

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**BARIADI.**

**MAELEZO BINAFSI YA MWANAFUNZI**

Fomu hii ijazwe kwa ushirikiano wa mzazi/ mlezi na mwanafunzi

1. Jina kamili la mwanafunzi.....
2. Tarehe ya kuzaliwa.....mwaka.....
3. Uraia.....kabila.....
4. Dini .....dhehebu .....
5. A. jina la baba..... Hai au hayati .....
- Kazi yake.....
- Mahali anapoishi, kijiji..... au mtaa.....
- Kata.....
- S.L.P.....
- B ) jina la mama..... hai/ hayati.....
- Kazi yake.....
- Mahali anapoishi, kijiji..... au mtaa.....
- Kata.....
- S.L.P.....
- C) je, wazazi wako wanaisi pamoja? Ndiyi/ Hapana  
Kama jibu ni hapana je unaishi na mzazi yupi? .....
- D) kama unatunzwa na mlezi taja
- jina la mlezi .....
- Kazi yake.....
- Mahali anapoishi, kijiji..... au mtaa.....
- Kata.....
- S.L.P.....
6. Je, uwapo masomoni hapa unaishi nyumbani kwenu/ nyumba ya kupanga au kwa jamaa?.....
7. Namba ya simu ya mzazi au mlezi kwaajili ya mawasiliano.....
8. Kiri kwa kuweka sahihi kukiri kutoshiriki katika migomo, fujo na makosa ya jinai na kwamba utaheshimu na kufuata taratibu na sharia za shule hii.

.....  
**Israel konda  
Mkuu wa shule**

**BARIADI TOWN COUNCIL**

**Giriku secondary**

**P.O.BOX 103**

**MEDICAL EXAMINATION FORM**

Surname ..... other names.....

Sex ..... Age..... Citizenship.....

**A: PERSONAL HISTORY**

1. (To be completed by student/ parent)

Have you ever suffered from any serious disease (s)? yes\* or No\* if yes explain

.....  
.....

2. Are you suffering from any condition/ disabilities that require special attention? YES\* OR NO\* if yes explain

.....

I .....declare that the information provided above is correct.

DATE ..... SIGNATURE.....

**B. PHYSICAL EXAMINATION**

(To be completed by registered medical practitioner)

1. General examination.....

.....

2. Systemic examination.....

3. Central Nervous system (CNS).....

4. Chest X-ray is mandatory\*\* .....

5. Cardiovascular system (CVS).....

6. Gastrointestinal system (GIS) .....

7. Genital Urinary System (GUS) .....

8. Musculoskeletal System (MSS) .....

Investigations, (please specify if necessary and attach results)

1. ....

2. ....

3. ....

**C. CONCLUSION**

I have examined Mr/Miss ..... and consider that he/she is physically and mentally fit\*/ not fit\* to be admitted at Mahaha secondary school.

Name of examining physician ..... signature.....

Date..... Title.....

Official stamp

NB: delete where inapplicable\*\* attach chest x-ray report

**Israel konda.  
Mkuu wa shule.**