

**OFISI YA RAISI  
TAWALA ZA MIKOA NA SERIKALI ZA MITAA  
HALMASHAURI YA WILAYA YA KOROGWE  
SHULE YA SEKONDARI MASHEWA  
S.L.P 552 KOROGWE**

**MWANAFUNZI.....TAREHE 14/12/2020**

**YAH: MAELEKEZO YA KUJIUNGA SHULE YA SEKONDARI MASHEWA.**

**1:UTANGULIZI**

Ninafurahi kukuarifu kwamba umechaguliwa kujiunga kidato cha kwanza katika shule hii mwaka 2021.

Muhula wa kuanza masomo unaanza tarehe 11/01/2021. unatakiwa kuripoti shuleni kuanzia tarehe 11/01/2021 na mwisho wa kuripoti ni tarehe 22/01/2021

**2:0 MAMBO MUHIMU YA KUZINGATIA**

**2.1 SARE YA SHULE**

- i.**Wavulana suruali mbili rangi ya dark blue na mashati mawili meupe mikono mifupi.
- ii.**Wasichana sketi mbili ya rangi ya damu mzee inayovuka chini ya magoti na mashati meupe mawili. kwa mabinti wa Kiislamu wanaotaka kuvaa hijabu urefu wa sketi ufike kwenye kongo za miguu na nusu kanzu inayovuka magoti, rangi ya hijabu ifanane na nusu kanzu (nyeupe).

**3:0 MAKOSA YAFUATAYOYANAWEZA KUKUSABISHIA KUFUKUZWA AU KUSIMAMISHWA SHULE.**

- A) Wizi, uasherati, ushoga ubakaji, ulevi na utumiaji wa madawa ya kulevya kama vile bangi , cocaine mirungi, kubeli n.k. kupiga na kupigana, kuharibu kwa makusudi mali ya umma, kudharau bendera ya taifa, kupata ujauzito kuo au kuolewa, kugoma ,kuchochea na kuongoza au kushiriki kuvuruga amani na usalama wa shule au watu
- B) Kukataa adhabu makusudi na kuwa na simu ya mkononi.

**4:0 SIKU YA KURIPOTI SHULENI UJE NA;**

- A) Medical examination form ambayo itajazwa na mganga mkuu wa hospitali ya serikali. Fomu hii itakabidhiwa kwa mkuu wa shule mara utakaporipoti.
- B) Uje na madaftari makubwa kumi na mbili , kalamu ya bluu au nyeusi, Rula Kompasi( mathematical set)

**KARIBU SANA MASHEWA SEKONDARI**

**PRESIDENT'S OFFICE**

**REGIONAL ADMINISTRATION AND LOCAL GOVERNMENT  
KOROGWE DISTRICT COUNCIL  
MASHINDEI SECONDARY SCHOOL. BOX 103 KOROGWE.**

**REQUEST MEDICAL EXAMINATION.  
THE MEDICAL OFFICER**

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**STUDENT.....**

Please examine the above as his/her physical and mental for full time schooling under the listed categories

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**\HEADMASTER**

**MEDICAL EXAMINATION REQUEST**

I have examined the above student named and consider him/ her physically and mentally fit/ for school time course

1. eyesight.....
2. hearing.....
3. limbs.....
4. speech.....
5. venereal disease.....
6. leprosy.....
7. epilepsy.....
8. pregnancy.....

**DATE..... SIGNATURE.....**