



Sandgerðisskóli

SKÓLASTRÆTI - 245 SUÐURNESJABÆ - 425 3100 www.sandgerdisskoli.is – skolasel@sandgerdisskoli.is

Application for placement at Skólasel

Name of child: _____

Child's social security number: _____

Parents/legal guardians: _____

Payer's social security number: _____

Address: _____

Phone number: _____

E-mail: _____

Request full placement

13:15-16:00 Mon.-Fri.

Sibling discount

Request half placement

Based on 6 hours a week

Single parent

Child will be picked up

Goes home by his or herself

Skólasel
Sandgerðisskóli

425-3105
425-3100

Parents/legal guardian's signature and date

VÖXTUR – VIRÐING – VILJI - VINÁTTA