



Sandgerðisskóli
vöxtur – virðing – vilji - vinátta

Name of child: _____

Child's social security number (kennitala): _____

Parents/legal guardians: _____

Payer's social security number: _____

Address: _____

Home telephone number: _____

Mobile phone number: _____

E-mail: _____

Request full placement
13:25-16:00 Mond.-Fridays

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*