

## SFO/ After School Clubs

### Information about SFO

SFO is run by Trondheim International School and is governed by national and municipal by-laws.

ThIS offers before and after school care (SFO) for children from grade 1 to grade 4 and for children with special needs from grade 1 to grade 7.

**Morning hours:** 7:30 to 8:30

**Afternoon hours:** After school until 16.30.

**Prices:**

- Full time (3rd-4th grade) NOK.2700 per month including food.
- Full time (1st-2nd grade) NOK.912 per month including food. \*
- 12 hours free only (1st-2nd grade) NOK.250 per month for food. \*

\* Special subsidised rates for 1st-2nd grade

ThIS SFO offers holiday clubs during school holidays (Fall Break, Winter Break and Summer). SFO is closed during the month of July.

Admission for SFO occurs in the beginning of the school year (August) and/or at the beginning of the second semester (February). Termination occurs automatically when your child finishes 4th grade. If you wish to withdraw your child from SFO, the notice period is two months from the first of every month.

Written termination must be handed in two months before the start of the termination period (including if your child transfers schools or accepts a position at another school at the beginning of a school year).

Late collection fee: NOK.250 (per 15 minutes) for a late pick up after 16:30 during regular school days and 16:00 during holiday clubs/SFO.

For more information on SFO, our by laws and code of conduct. Please visit this page (<https://www.this.no/learning-at-this/>).

### SFO Application

Student's name		Grade	
Please select a SFO offer	<input type="checkbox"/> Full time SFO (3rd-4th), <input type="checkbox"/> Full time SFO (1st-2nd) or <input type="checkbox"/> 12 hours free SFO (1st-2nd)		
Probable starting date			
Parents/Caregivers			
Parent 1 information			
Name			
Address			
Mobile number			
E-mail			
Parent 2 information			
Name			
Address			
Mobile number			
E-mail			
Emergency contact			
Name		Mobile number	
Payment details			
Payer of Invoice	Name:		
Payer's personal number			

I/We confirm that the information given is correct.

\_\_\_\_\_  
Signature(s)

\_\_\_\_\_  
Place/Date