



**Cyfrinachol / Confidential**

1

CWBLHEWCH MEWN LLYTHRENNAU BRAS OS GWELWCH YN DDA.  
PLEASE COMPLETE IN BLOCK CAPITAL LETTERS.

**Gwybodaeth am y disgybl / Information about the child:**

Enwau cyntaf / First names: \_\_\_\_\_

Cyfenw / Surname: \_\_\_\_\_

Dyddiad geni / Date of birth: \_\_\_\_\_

Rhyw / Sex: Gwryw / Male  Benyw / Female

**Cyfeiriad y disgybl / Pupil address:**

Rhif a stryd / Number and street: \_\_\_\_\_

Tref / Town: \_\_\_\_\_

Sir / County: \_\_\_\_\_

Cod post / Post code (Important): \_\_\_\_\_

**Rhifau ffôn / Phone numbers:**

Rhif ffôn y cartref / Home phone number: \_\_\_\_\_

Rhif ffôn symudol 1 / Mobile number 1: \_\_\_\_\_

Rhif ffôn symudol 2 / Mobile number 2: \_\_\_\_\_

**Gwybodaeth am y disgybl / Information about the child:**

Ethnigrwydd / Ethnicity: \_\_\_\_\_

Cenedligrwydd / Nationality: \_\_\_\_\_

Iaith gyntaf / First language: \_\_\_\_\_

Iaith y cartref / Home language: \_\_\_\_\_

Siarad Cymraeg gyda rhieni / Speaks Welsh with parents:

Ydy / Yes  Nac ydy / No

Rhoddaf ganiatâd i'm plentyn dderbyn plaster.  
I give permission for my child to be given a plaster.

Arwyddwyd / Signed: \_\_\_\_\_



**Cyswllt mewn argyfwng / Contact in an emergency 2**

CWBLHEWCH MEWN LLYTHRENNAU BRAS OS GWELWCH YN DDA.  
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**Cyswllt 1 / Contact 1:**

Enw / Name: \_\_\_\_\_

Rhifau ffôn / Contact numbers: \_\_\_\_\_

Perthynas i'r disgybl / Relation to child: \_\_\_\_\_

**Cyswllt 2 / Contact 2:**

Enw / Name: \_\_\_\_\_

Rhifau ffôn / Contact numbers: \_\_\_\_\_

Perthynas i'r disgybl / Relation to child: \_\_\_\_\_

**Cyswllt 3 / Contact 3:**

Enw / Name: \_\_\_\_\_

Rhifau ffôn / Contact numbers: \_\_\_\_\_

Perthynas i'r disgybl / Relation to child: \_\_\_\_\_

**Rhoddaf ganiatâd i'm plentyn fynd adref o'r ysgol gyda'r bobl a enwir uchod.  
I give permission for my child to go home from school with the people named above.**

**Arwyddwyd / Signed: \_\_\_\_\_**

**Gwybodaeth Meddygol / Medical Information:**

Unrhyw broblemau meddygol (yn cynnwys asthma)/Any medical problems (including asthma):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\* If your child has any food allergies, please include these also. Diolch. \*\***