



## Cyfrinachol / Confidential

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

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

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

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

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

Rhyw / Sex: Gwryw / Male

Benyw / Female

### Cyfeiriad y disgybl / Pupil's address:

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

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

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

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

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

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

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

Crefydd / Religion: \_\_\_\_\_

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

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

Siarad Cymraeg gyda rhieni / Speaks Welsh with parents:

Ydy / Yes

Nac ydy / No

Mae'n iawn i'm plentyn dderbyn plaster.  
I give permission for my child to be given a plaster.

Ydy / Yes

Nac ydy / No



## Cyswllt mewn argyfwng / Contact in an emergency 2

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

### 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 Feddygol / Medical Information:

Meddygfa / Doctor's surgery: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

**\*\* If your child has any food allergies, please include these also. Diolch. \*\***  
**\*\* Please contact the office if any of the above information changes. \*\***