# Ysgol y Preseli

COFIA DDYSGU BYW

Pennaeth:
M. L. DAVIES, B.A.
*Headteacher*

Crymych - Sir Benfro SA41 3QH
Ffôn/*Tel.:* Crymych (01239) 831406 - Ffacs/*Fax:* Crymych (01239) 831416
E-bost/*E-mail:* swyddfa@ysgolypreseli.com - Cyfeiriad gwefan/*Web:* www.ysgolypreseli.com


Eich Cyf./*Your Ref.:*

Gofynner am/*Please ask for:*
Mrs S Quick-Lawrence
09/11/11

Annwyl Rieni,

**Taith yr Adran Ddrama i Theatr y Grand Abertawe**
**ALADDIN**

Mae'r Adran Ddrama yn bwriadu trefnu taith i Theatr y Grand, Abertawe ar ddydd Llun Ragfyr y 19eg i weld perfformiad o'r pantomeim "Aladdin". Bydd hi'n brofiad da i'r disgyblion i weld perfformiad bantomeim gan ein bod yn astudio'r arddull yma o theatr ym mlwyddyn 8 ar hyn o bryd. Mae pantomeimiau'r Grand yn rhai arbennig o dda a gan fod y Pantomeim yn cael ei berfformio adeg y Nadolig rydw i'n siŵr bydd y disgyblion yn mwynhau'r awyrgylch yn Abertawe ar y noson.

Mae'r trefniadau ar gyfer yr ymweliad fel a ganlyn:

| | |
|---|---|
| 3.30 y.p. | Gadael Crymych am Abertawe |
| 5.00 y.p. | Cyrraedd Abertawe. Disgyblion i gael ychydig o amser rhydd i siopa a chael bwyd yn y 'Quadrant' yn Abertawe. |
| 6.15 y.p. | Cwrdd er mwyn cerdded draw i'r Theatr fel grŵp. |
| 7.00 y.h | Perfformiad o "Aladdin." |
| 9.30 y.h. | Gadael Abertawe am Grymych |
| 11.00 y.h. | Cyrraedd yr ysgol. |

Pris y daith hon fydd £13.00 gan gynnwys y tocyn a'r bws.

Os ydych yn dymuno i'ch plentyn fynd ar y daith a fyddech mor garedig â llenwi'r ffurflen ganiatâd a'i dychwelyd gyda'r tâl mewn amlen dan sêl at Mrs Carolyn Tearle gyda'r manylion canlynol ar yr amlen (y 48 disgybl cyntaf i ddod â llythyr caniatâd a'r arian bydd yn cael mynd ar y daith):

- Enw'r disgybl
- Blwyddyn a Dosbarth Cofrestru
- Enw'r daith a'r Adran sy'n ei threfnu
- Maint y swm sydd yn yr amlen.

Yn ddiffuant,

M. L. Davies

Pennaeth

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Eich Cyf./*Your Ref.:*

Gofynner am/*Please ask for:*
Mrs S Quick-Lawrence
09/11/11

Dear Parents,

**Drama Department visit to Swansea Grand Theatre**
**ALADDIN**

The Drama Department is arranging a trip to Swansea Grand Theatre on Monday, December the 19th to see a performance of the pantomime "Aladdin." This will be an excellent opportunity for the students are they are currently studying pantomime as a scheme of work in Drama. Swansea Grand pantomimes are always of an excellent standard and as the performance is so close to Christmas, I'm sure that that the students will also enjoy the festive atmosphere in Swansea on the night.

Arrangements for the visit are as follows:

| | |
|---|---|
| 3.30pm | Leave Crymych for Swansea |
| 5.00pm | Arrive at Swansea. Students will have a short time to have something to eat and to spend some time in the 'Quadrant' shopping centre. |
| 6.15pm | Everybody meet to walk to Swansea Grand together. |
| 7.00pm | Performance of "Aladdin." |
| 9.30pm | Leave Swansea for Crymych. |
| 11.00pm | Approximate time of return. |

The cost of the trip will be £13.00 inclusive of tickets and the bus journey,

If you wish for your child to participate in this visit, could you please return the permission form with the money in a sealed envelope to Mrs Carolyn Tearle with the following information written on the envelope (the first 48 students to bring a letter and money in will have a place on the trip):

- Name of Pupil
- Year and Registration Group
- Details of trip and name of organizing department.
- The amount of money enclosed in envelope.

Yours faithfully,

M. L. Davies

Headteacher.

The Basic Skills Agency — Yr Asiantaeth Sgiliau Sylfaenol

BUDDSODDWR MEWN POBL

# Cyngor Sir Penfro

## CANIATAD RHIENI

*Ysgol:* ***Ysgol Gyfun Ddwyieithog y Preseli***

*Taith:* ...THEATR Y GRAND ABERTAWE.........................

*Dyddiad:*..19/12/11...........

***Enw'r Disgybl:***.................................................... ***DOSBARTH***...............

Ar ôl darllen y daflen wybodaeth am y daith arfaethedig, yr wyf yn rhoi fy nghaniatad i ______________________ ddod ar y daith.
Yr wyf yn ystyried fod y disgybl uchod yn gorfforol abl i ddilyn y gweithgareddau a chytunaf iddo/iddi gymeryd rhan.
Nodwch unrhyw gyflwr meddygol / dymuniadau / anghenion bwyd arbennig y dylai'r arweinydd fod yn ymwybodol ohonynt, gan gynnwys unrhyw foddion mae'r plentyn yn gymryd.

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Rhof yma fy nghaniatâd i driniaeth lawfeddygol, ddeintyddol a meddygol mewn argyfwng gan gynnwys rhoi anaesthetig os ystyrir bod angen hyn ar y disgybl uchod. (Os bydd angen rhoi triniaeth feddygol ar frys, gwneir pob ymdrech I gysylltu â rhieni / gwarchodwr.)
Cytunaf hefyd y gellir defnyddio unrhyw luniau a gymerir gan yr ysgol/disgybl fel rhan o waith prosiect.

***Arwyddwyd:***.................................................... ***(Rhiant/Gwarchodwr)***

***Dyddiad:***..........................

***Cyfeiriad:***..........................................................................................

***Teliffon cartref:***......................................

***Teliffon busnes:***......................................

***Neu rhif ffôn er mwyn cysylltu a chi ar frys:***....................................

***Enw'r meddyg teulu:***..................................................................

***Rhif ffôn:***............................

# Pembrokeshire County Council

## PARENTAL CONSENT

**School:** YSGOL GYFUN DDWYIEITHOG Y PRESELI

**Proposed Journey to:** SWANSEA GRAND THEATRE

**Date (inclusive):** 19/12/11........................................

**Name of Pupil:**...........................................................**FORM..**

Having read the information sheet on the proposed visit I hereby agree to ............................ taking part.
For extended visits/residential experience/outdoor pursuits/expeditions.
I consider that the above named pupil is physically capable of undertaking the activities and I hereby agree to his/her taking part.
Please specify any medical conditions/desirabilities/dietary needs of which party leaders should be aware including any medication which the child is taking:

..........................................................................................

..........................................................................................

I hereby consent to emergency medical, dental or surgical treatment including the administration or anaesthetic, which may be considered necessary for the above named pupil. Should emergency medical treatment be required, every effort will be made to contact the Parents/Guardians.
I also consent that any photographs taken on the above journey may be used by the school/pupils as part of their project work.

**Signed:**........................................ **(Parent/Guardian)**

**Date:**................................

**Address:**..........................................................................................

**Telephone No Home:**.............................................

**Telephone No Business:**.............................................

**Alternative telephone number to contact you in case of emergency:**..........................................................................................

**Name of family doctor:**..........................................................................................

**Tel No:**...................................