Ysgol y Preseli

COFIA DDYSGU BYW

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

Crymych - Sir Benfro SA41 3QH
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Eich Cyf./*Your Ref.:* Gofynner am/*Please ask for:*

GE/LW/LLl
1 Dachwedd / November 2011

Annwyl Riant/Gwarcheidwad,

Rydym yn gobeithio trefnu taith gwaith maes i Ddosbarth 8__ ar Ddydd ______________ Dachwedd ______ 2011 i bentref Crymych er mwyn casglu data ar gyfer ymchwiliad Daearyddol. Bydd y disgyblion yn gweithio mewn grwpiau o 6 ac o dan arolygaeth staff yr ysgol.

Os ydych am i'ch mab/merch i gymryd rhan yn y daith, yna a fyddech cystal ag arwyddo'r ffurflen ganiatâd a'i dychwelyd i'r athro Daearyddiaeth cyn gynted â phosib. Ni fydd y daith yn cymryd lle os nad yw'r tywydd yn caniatáu. A wnewch chi sicrhau bod eich mab/merch yn dod a chot ar yr ymweliad.

Diolch yn fawr am eich cydweithrediad.

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Dear Parent/Guardian,

We intend to organise a geography field trip for Year 8 pupils for 8__ on _____________ the _____ of November 2011. We will be undertaking some fieldwork in the village of Crymych in order to collect data for a geographical investigation. The pupils will be working in groups and will be supervised by school staff.

If you wish your son/daughter to be included on this visit please sign the permission slip and return it to the Geography teacher as soon as possible. The visit will not take place if the weather is unsuitable. Please ensure that your son/daughter brings a coat on the day of the visit.

Thank you very much for your cooperation.

Yn gywir / Yours sincerely,

M L Davies

M L Davies
Pennaeth/Headteacher

Cyngor Sir Penfro

CANIATAD RHIENI

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

Taith: ...CRYMYCH...

Dyddiad:..TACHWEDD..2011

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.

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: CRYMYCH................................

Date (inclusive): NOVEMBER 2011..............

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:....................................