



# Ysgol y Preseli



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. M.E. Williams

4.11.11

Annwyl Riant,

**Parthed: Cynllun Addysg Peirianeg Cymru  
9/11/11**

Rydym yn gobeithio trefnu taith ar ddydd Mercher, Tachwedd 9fed 2011 Magstim Co Ltd Hendygywn ar gyfer disgyblion Blynyddoedd 12. Mae'r daith hon wedi'i threfnu mewn cysylltiad â chynllun Peirianeg ac Addysg Cymru.

Bydd y bus mini yn gadael am 1.20 y.p. ac yn dychwelyd erbyn 3.30 y.p. A fyddechystal ag arwyddo'r ffurflen caniatâd a'i dychwelyd i Mrs. Marie Williams erbyn Dydd Mawrth, Tachwedd 8fed.

Diolch am eich cydweithrediad.

Dear Parents,

**Re: Engineering Education Scheme Wales  
9/11/11**

We are hoping to organise a visit to Magstim Co. Ltd Whitland on Wednesday 9<sup>th</sup> November 2011 for Years 12 students. The visit has been arranged in conjunction with the Engineering and Education Scheme Wales.

The mini bus will leave school at 1.20 p.m. and return by 3.30 p.m. Would you be so kind as to sign the permission slip and return it to Mrs. M. Williams by Tuesday 8<sup>th</sup> November.

Thank you for your co-operation.

Yn ddiffuant/Yours sincerely,

Prifathro/Headmaster



# Cyngor Sir Penfro

## CANIATAD RHIENI

Ysgol: **Ysgol Gyfun Ddwieithog y Preseli**

Taith: **MAGSTIM HENDYGAWYN**.....

Dyddiad: **9/11/11**.....

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 anaestetig 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: MAGSTIM.CO.LTD WHITLAND

Date (inclusive): 9/11/11

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: .....