



Ysgol y Preseili

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:

10fed o Dachwedd 2011

Annwyl Riant,

Mae'r Adran Gerddoriaeth yn bwriadu trefnu taith i Lyn Garda yn yr Eidal, rhwng Gorfennaf 17-24ain, 2013. 60 o lefydd sydd ar gael, a rhoddir blaenoriaeth i'r sawl sy'n dychwelyd y ffurflen gyntaf. Ni fydd disgybl sydd wedi camymddwyn yn y gorffennol, neu a fydd yn camymddwyn yn ystod y flwyddyn, yn cael caniatâd i ddod ar y daith. Fe fydd y penderfyniad terfynol yng ngofal staff y daith a'r Pennaeth.

Mae'n rhaid fod yn aelod o'r Côr neu'r Gerddorfa er mwyn mynd ar y daith.

Cost y daith fydd £570 gan gynnwys:

- ✿ Teithio ar fws o'r ysgol i Lyn Garda
- ✿ Croesi ar y llong
- ✿ 5 noson mewn gwesty yn cynnwys prydau bwyd
- ✿ Yswiriant
- ✿ Diwrnod ym mharc Gardaland
- ✿ Diwrnod ym mharc Aqua Canevaworld
- ✿ Diwrnod yn Verona yn cynnwys ymweliad â'r Tŷ Opera.
- ✿ Taith ar y llyn i ymweld â Limone a Malcesine (nid i Sirmione fel y tro blaenorol).

Bydd y grŵp yn aros yng ngwesty 'Hotel Alberello' sydd wedi ei leoli yn Riva del Garda (Arhoswyd yn y Centros Turistico yn 2011).

Os oes diddordeb gan eich plentyn yn y daith hon, a wnewch chi ddychwelyd y ffurflen ganiatâd a blaendal o £110 i Mrs. Carolyn Tearle yn y Swyddfa erbyn Dydd Gwener, 18fed o Dachwedd.

Yr eiddoch yn gywir,

M L Davies
Pennaeth



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:

10th November 2011

Dear Parent,

The Music Department is planning a visit to Lake Garda in Italy, during the week July 17-24th, 2013. There are 60 places available on a 'first come, first served' basis. Pupils who have misbehaved in the past, or who misbehave during the year will not be allowed to attend. The final decision will lie with the party leader and the Headteacher.

You must be a member of either the choir or the orchestra to be eligible.

The trip will cost £570 and include:

- ✿ Return executive coach travel to Lake Garda.
- ✿ Ferry crossing.
- ✿ 5 nights in the hotel, including meals.
- ✿ Insurance.
- ✿ A day in Gardaland theme park.
- ✿ A day in Aqua Canevaworld theme park.
- ✿ A day in Verona, with a visit to the opera house.
- ✿ A boat trip on the lake to visit Limone and Malcesine (not to Sirmione as in 2011).

The group will be staying in the 'Hotel Alberello', which is situated in Riva del Garda (not the Centro Turistico where we stayed in 2011).

If your child is interested, please return the attached slip together with a deposit of £110 to Mrs. Carolyn Tearle in the Office by Friday, November 18th.

Yours sincerely,

M L Davies
Headteacher

Gofynnir ichi roi manylion unrhyw ofnion deietegol arbeninig y maen rhaid i'ch plentyn eu dilyn:

(iv) A oes gan eich mab/merch basport Prydeinig?

OES/NAC OES (Dileer fel y bo'n briodol)

Os ma'r ateb yn (iv) yw na, ymhle ganed eich mab/merch?

Man Geni:

Gwlad:

(v) Datganiad:

Deallaf na chaiff y Cyngor Sir na'i asiantwyr eu dal yn gyfrifol am unrhyw niwed neu farwolaeth all ddigwydd yn uniongyrchol neu'n anuniongyrchol neu o unrhyw feddyginaeth ragnodedig gan aelod penodedig o staff, ac eithrio oherwydd esgeulustod y Cyngor Sir.

Hefyd, cyfunaf/cytunwn, os digwydd dammwain ddifrifol, y gall fy mhientyn dderbyn triniaeth feddygol brys a all gynnwys pa anaesthetig a/neu, drallwysiad gwaed bynnag ag a fernir yn angenheidiol gan y tîm meddygol yn trin fy mhientyn.

Yr wyf i/yr ydym ni wedi astudio ac yr wyf i/yr ydym ni'n deall math a maint y warant a ddarperir gan y warant yswiriant a drefnwyd ar gyfer yr ymweliad addysgol hwn.

Amgaeaf/Amgaewn Ffurflen E111 wreiddiol/copi sy'n darparu ar gyfer gofal meddygol yn y GE. (Perthnasol i ymweliadau tramor yn unig).

Wedi darllen a deall y tair adran uchod, mae'r wybodaeth yr wyf/yr ydym wedi'i darparu yn gywir a chytunaf/chytunwn â'r datganiad yn (iv).

Llofnodwyd:
(Rhiant/Rhieni/Gwarcheidwa(i)d):

Dyddiad:

ENWAU A CHYFEIRIADAU CYSWLLT BRYS

Enw'r Disgybl/Myfyrwr:

Gelwir yn:

Enw'r Rhiant/Rhieni:

Cyfeiriad:

Rhif(fau) Ffôn:

Cartref: (Mam):

Cartref: Tad):

Gwath: (Mam):

Gwath: (Tad):

Rhif(fau) Ffôn Symudol:

Os na ellir cysylltu â nhw ar yr uchod, cysylltwch â: (Trio'wch os gwelwch yn dda)

Aelod o'r teulu (nodwch pa berthynas):

Cyfaill

Enw:

Cyfeiriad:

Rhif(fau) Ffôn: Cartref:

Gwath:

Symudol:

Llofnodwyd:
(Rhiant/Rhieni/Gwarcheidwa(i)d):

(Dylid nodi y bydd arweinydd y grŵp yn mynd â chopi o'r wybodaeth hon ar yr ymweliad addysgol. Tra ar yr ymweliad, bydd copi arall yn cael ei gadw yn y setyldiad addysgol a/neu'r cyswllt cartref as enwyd).

**PEMBROKESHIRE COUNTY COUNCIL
EDUCATION SERVICES**

PARENTAL CONSENT FORM

Name of School/Centre: YSGOL Y FRASELI

This form is to be completed by a parent/parents and should be used for visits of more than one day away from home, and all foreign travel.

1. Details of Educational Visit:

Educational visit to: LAKE GARDA ITALY

Dates:

From: July 17th To: July 24th 2013

Having read the information that I have received regarding the above visit I/we give my/our consent for my son/daughter

(Full Name):

to take part. I/we agree that he/she may take part in the activities mentioned in the above information. I agree with the need for an acceptable code of behaviour on his/her part and support the School/Centre to this end.

Signed:
(Parent(s)/Guardian(s))

CONFIDENTIAL:- FOR USE BY THE PARTY LEADER

2. Medical Information

(i) Does your son/daughter suffer from any medical condition which may affect him/her whilst on the educational visit?

YES/NO (Please delete where applicable)

If the answer is YES, would you please give the following information:

• Brief details of illness/symptoms:.....

• Type of medication/brand/generic name:.....

• Frequency and dosage required:.....

(ii) Has your son/daughter been in contact with anyone suffering from a contagious or infectious disease or suffered from any infectious illness during the past four weeks, or is likely to suffer from any illness which may be contagious or infectious as a result.

YES/NO (Please delete where applicable)

If your answer is YES, would you please give brief details in the space below:-

(iii) Is your son/daughter allergic to any:

(a) Medication YES/NO (Please delete where applicable)
If so, would you please give detailed information including symptoms:

(b) Food YES/NO (Please delete where applicable)
If so, would you please give detailed information including symptoms:



Would you please give details of any special dietary requirements that your child has to follow:

.....

(iv) Does your son/daughter hold a British passport?

YES/NO (Please delete where applicable)

If the answer at (iv) is no, where was your son/daughter born?

Place of Birth:.....

Country:.....

(v) Declaration:

I understand that neither the County Council nor its agents will be held liable for any injury or death which may arise either directly or indirectly from or out of any prescribed medication by an appointed member of staff, other than through the County Council's negligence.

In addition, I/we agree that in the event of a serious accident that my child may receive emergency medical treatment which may include anaesthetic and/or, blood transfusion as may be considered necessary by the medical team treating my child.

I/we have studied and am/are clear as to the type and amount of cover provided by the insurance cover arranged for this educational visit.

I/we enclose a copy/original of Form E111 that provides for medical care within the EC. (Applicable to overseas visits only).

Having read and understood the three sections above, the information I/we have given is correct and I agree to the declaration in (iv).

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

Date:.....

EMERGENCY CONTACT NAMES AND ADDRESSES

Pupil/s/Student's Name:

Known as:

Parent/s Name:

Address:

Telephone Number(s):

Home: (Mother):

Home: (Father):

Work: (Mother):

Work: (Father):

Mobile Telephone Number(s):

If not contactable at the above, would you please contact: (Please tick)

Member of the family (please give relationship):.....

Friend

Name:

Address:

.....

Telephone No(s): Home:

Work:

Mobile:

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

(It must be noted that a copy of this information will be taken by the party leader on the educational visit. Whilst away, another copy will remain in the possession of the educational establishment and/or the named home contact).