

# YSGOL GYNRADD GYMRAEG TYLE'R YNN

LLANSAWEL CRESCENT, LLANSAWEL, CASTELL NEDD,  
NEDD PORT TALBOT  
SA 11 2UN

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Pennaeth / Headteacher : Mr Cerith Humphreys  
Dirprwy Bennaeth / Deputy Headteacher: Mrs Lianne Vaughan

*“Mae teulu mwyn y Tyle  
yn magu a meithrin safone”*

**GWEITHGAREDD/Activity:** *Unrhyw ymweliad / gwibdaith/ gweithgaredd – Any visits / trips/ activities*

**LLEOLIAD/Location:** *Tu fas i diroedd yr ysgol / Outside school grounds*

**DYDDIAD/Date:** *Medi 2016 – Gorffennaf 2017 / September 2016 – July 2017*

**ENW'R DISGYBL/NAME OF PUPIL:** .....

*Wedi darllen y daflen ynglyn â'r Ymweliad/Gweithgaredd, ystyriaaf fod y disgybl uchod yn abl i gymryd rhan yn y gweithgareddau, a chytunaf iddo/iddi gymryd rhan.*

*Having received information on the proposed Activity/Visit, I consider that the above named pupil is physically capable of undertaking the activities described and I hereby agree to his/her taking part.*

*Rhoddaf ganiatad i unrhyw driniaeth feddygol, ddeintyddol neu lawfeddygol, gan gynnwys defnyddio anesthetig pe byddai hynny'n angenrheidiol.*

*I hereby consent to any medical, dental or surgical treatment, including the administration of an anaesthetic which may be considered necessary for the above named.*

**LLOFNOD/SIGNED:** ..... **DYDDIAD/DATE:** .....  
(RHIAENT/GWARCHIEDWAD) (PARENT/GUARDIAN)

**CYFEIRIAD/ADDRESS:** .....

**RHIF FFÔN/TELEPHONE NUMBERS:**

**CARTREF/HOME:** ..... **GWAITH/BUSINESS:** .....

**Enw, cyfeiriad a rhif ffôn arall y gellir cysylltu a hwy mewn taro.  
Alternative name, address and telephone number to be contacted in emergency.**

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*OS OES ANGEN TRINIAETH FEDDYGOL AM UNRHYW AFIECHYD AR EICH PLENTYN, TICIWCH YN Y BLWCH ISOD A RHODDWCH FANYLION ISOD.*

*IF YOUR SON/DAUGHTER REQUIRES REGULAR MEDICAL TREATMENT FOR ANY ILLNESS OR DISABILITY PLEASE TICK IN THE BOX BELOW AND GIVE DETAILS BELOW.*



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