

**YSGOL GYMRAEG CASNEWYDD**



Enw'r Plentyn/Plant/ Child/Children's Name:

Cyfenw/ Surname:	Enw Cyntaf/ First Name:	Dyddiad Geni/ Date of Birth:
1.		
2.		
3.		

Cyfeiriad/ Address:

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**Cod Post/ Post Code: (PWYSIG/IMPORTANT)**

Rhieni/Parents:

Rhiant/Gwarchodwr 1/ Parent/Guardian 1	Rhiant/Gwarchodwr 2/ Parent/Guardian 2
Rhif ffôn adref/Home telephone number:	Rhif ffôn adref/Home telephone number:
Rhif ffôn symudol/Mobile phone number:	Rhif ffôn symudol/Mobile phone number:
Rhif ffôn gwaith/Work phone number:	Rhif ffôn gwaith/Work phone number:

Cyswllt Brys/Emergency Contact:

Enw/ Name:	Enw/ Name:
Perthynas i'r plentyn/Relationship to child:	Perthynas i'r plentyn/Relationship to child:
Rhif ffôn/Telephone number:	Rhif ffôn/Telephone number:

Enw'r Meddyg/ Doctor's Name:

Cyfeiriad/ Doctor's Address:

Rhif ffôn/ Doctor's telephone number:

Unrhyw wybodaeth arall am iechyd eich plentyn/plant, gorchymyn gwarchod a.y.y.b/

Any other information about your child's/ children's health, access restrictions, custodial order etc

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Arwyddwyd/ Signed \_\_\_\_\_ Dyddiad/Date \_\_\_\_\_