



YSGOL PENYBRYN
FFORDD CADFAN
TYWYN
GWYNEDD LL36 9EF



Pennaeth Mrs Menna Wynne-Pugh
Ffon/Facs 01654 710237
E-Bost MennaWynne-Pugh@gwynedd.gov.uk

Headteacher
Phone/Fax
E mail

BRECWAST AM DDIM MEWN YSGOLION CYNRADD

Llenwch a'i ddychwelyd i'r ysgol.

Enw'r plentyn:	Dosbarth:			
Nodwch pa ddyddiau y bydd eich plentyn yn mynychu'r sesiwn frecwast:				
Llun <input type="checkbox"/>	Mawrth <input type="checkbox"/>	Mercher <input type="checkbox"/>	Iau <input type="checkbox"/>	Gwener <input type="checkbox"/>
Gofynion Deiategol Arbennig:				
A oes gan eich plentyn unrhyw alegredd/anoddefiad bwyd? Oes <input type="checkbox"/> Nac Oes <input type="checkbox"/>				
Os oes, nodwch y manylion:				
Gwybodaeth arall:				
Rhowch fanylion an unrhyw wybodaeth arall y teimlwch sy'n berthnasol i bresenoldeb eich plentyn yn y sesiwn frecwast:				
Manylion cyswllt mewn achos o argyfwng:				
Enw:	Rhif Ffôn:			
Perthynas â'r plentyn:				
Enw:	Rhif Ffôn:			
Perthynas â'r plentyn:				
Rwy'n cadarnhau fy môd am i fy mhientyn fynychu'r sesiynau brechwast.				
Llofnod Rhiant				
Dyddiad:				



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PRIMARY SCHOOL FREE BREAKFAST

Please complete and return to the school.

Child's name:	Class:
Please indicate which days your child will be attending the breakfast session:	
Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>
Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>
Friday <input type="checkbox"/>	
Special dietary requirements:	
Does your child have any food allergies/intolerance? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please provide details:	
Other information:	
Please provide details of any other information you feel is relevant to your child's attendance at the breakfast session:	
Contact details in case of an emergency:	
Name:	Phone number:
Relationship to child:	
Name:	Phone Number:
Relationship to child:	
I confirm that I would like my child to attend breakfast sessions:	
Signature of Parent/Guardian:	
Date:	