YSGOL ABERCONWY

**12.11.2025**

Annwyl Rhiant/Gwarcheidwad,

**Pwnc: Profiad Villareal – Mawrth 2027**

Diolch i chi am eich presenoldeb ac amser yn y Noson Wybodaeth ynghylch ein Taith Profiad Villareal ym Mawrth 2027.

Fel y trafodwyd yn y cyfarfod, byddwn yn gwneud ein gorau i gynnwys pob disgybl ar y daith, ond efallai y bydd cyfyngiad ar nifer y lleoedd os byddwn yn mynd dros y cwota. Fel y soniwyd, bydd materion megis ymddygiad, presenoldeb ac ymgysylltiad yn yr ysgol yn cael eu hystyried os bydd angen cyfyngu ar niferoedd. Rydym yn cadw'r hawl i wrthod lle ar y profiad i unrhyw ddisgybl, ar hyn o bryd neu ar unrhyw adeg arall cyn i'r daith adael, os bydd eu hymddygiad/presenoldeb yn peri pryder. Byddem yn ceisio adennill y taliadau a wnaed eisoes drwy drefnu i rywun arall gymryd y lle. Fodd bynnag, os na fydd hyn yn digwydd, gall y taliadau gael eu colli.

***Rydym yn gofyn i bob cais am flaendal gael ei wneud erbyn dydd Mercher 19 Tachwedd fan bellaf***, er mwyn rhoi amser i ni brosesu a gofyn am y taliad ar ein hochr ni. Bydd y blaendal yn ad-daladwy yn llawn os na chyrhaeddir y cwota niferoedd ar gyfer y daith.

Ceir dolen at y ffurflen ar gyfer cadarnhau lle a gofyn am dalu blaendal drwy Ap School Gateway – Parent Pay:– Villareal Experience - FIRM CONFIRMATION – Fill in form

Dear Parent/Guardian,

**RE: Villareal Experience – March 2027**

Thank you for your attendance and time at the Information Evening regarding our Villareal Experience Trip in March 2027.

As per the meeting, we will do our best to accommodate all students on the trip, but there may be a limit on places should we exceed the number quota. As discussed, matters such as behavior, attendance and engagement within school will be looked at, should we need to limit numbers. We reserve the right to refuse a place on the experience to any pupil, at this point or at any other time before the trip leaves, if their behaviour/attendance becomes a cause for concern. We would try to recoup the payments currently made by arranging a person to take the place. However, should this not occur, payments may be forfeited.

***We are asking that all deposit requests should be made by Wednesday 19th November at latest,*** to allow us time to process and request the payment on our side. The deposit will be fully refundable should the trip number quota not be reached.

Please find attached a link to the form for confirmation of place, consent form and request of deposit payment via the School Gateway App – Parent Pay: Villareal Experience - FIRM CONFIRMATION – Fill in form


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Os hoffech i'ch plentyn fynychu'r daith, ond byddwch yn cael anhawster gyda thaliadau, cysylltwch â'r ysgol er mwyn trafod y mater ymhellach. Gall cymorth fod ar gael, mewn rhai amgylchiadau.

Yn olaf, ceir dolen i wefan InspireSport. Yno, gellir dod o hyd i wybodaeth am eu polisïau ar ganslo ac ati: https://www.inspiresport.com/

Unrhyw gwestiynau neu ymholiadau, cysylltwch â mi: callum.bennett@aberconwy.conwy.sch.uk

Gyda diolch,

Mr Callum Bennett
Head of PE
Ysgol Aberconwy
Morfa Drive
LL32 8ED

If you would like your child to attend the trip, but will have difficulty with payments, please contact the school in order to discuss the matter further. Assistance may be possible, in some circumstances.

Finally, please find a link InspireSport's website. On here, information can be found their policies for cancellation etc. https://www.inspiresport.com/

Any questions or queries, please contact myself: callum.bennett@aberconwy.conwy.sch.uk

With thanks,

Mr Callum Bennett
Head of PE
Ysgol Aberconwy
Morfa Drive
LL32 8ED

**Caniatâd Rhiant a Gofalwr / Parent and Carer Consent**
**Ymweliadau Anarferol / Non-routine Visits**
**[I'w ddosbarthu gyda thaflen/llythyr gwybodaeth yn rhoi manylion llawn am yr ymweliad]**
**[To be distributed with an information sheet/letter giving full details of the visit]**

Ysgol/School: **Ysgol Aberconwy**

Ymweliad neu Weithgaredd / Visit or activity: **Villareal Football Experience**

Lleoliad/Venue: Villareal, Spain Dyddiad(au)/Date(s): **19/03/27-24/03/27**

Enw Eich Plentyn/Your child's name: _____ Dosbarth/Form: _____

**Meddygol a Dietegol / Medical and Dietary**

a) A oes gan eich plentyn unrhyw gyflwr corfforol neu seicolegol a allai effeithio arno/arni yn ystod yr ymweliad?
Does your child have any physical or psychological condition that may affect him/her during the visit?
OES/YES NAC OES/NO

Os OES, rhowch fanylion / If YES, please give details: _____

_____

b) Rhowch fanylion unrhyw alergeddau / Please give details of any allergies: _____

_____

c) Rhowch fanylion unrhyw ofynion dietegol arbennig sydd gan eich plentyn/Please give details of any special dietary requirements of your child: _____

_____

d) Rhowch fanylion unrhyw salwch neu ddamwain a ddioddefodd eich plentyn yn ddiweddar y dylai staff fod yn ymwybodol ohono / Please detail any recent illness or accident suffered by your child that staff should be aware of: _____

_____

e) Rhestrwch unrhyw fath o feddyginiaeth heb bresgripsiwn neu eli **na ddylid** eu rhoi i'ch plentyn:
Please list any type types of non-prescription medication or lotions your child **may not** be given:

_____


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f) Hyd eithaf eich gwybodaeth, a yw eich mab/merch wedi bod mewn cysylltiad ag unrhyw glefydau heintus neu wedi dioddef o unrhyw beth yn ystod y pedair wythnos diwethaf a allai fod yn heintus?
To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious?
YDY/YES NAC YDY/NO

Os OES, rhowch fanylion / If YES, please give details: _____

_____

g) Pryd gafodd eich mab/merch bigiad tetanws ddiwethaf? When did your son/daughter last have a tetanus injection? _____

**Hyder Mewn Dŵr/Gallu i Nofio / Water Confidence/Swimming Ability**

Nodwch allu nofio eich plentyn / Please indicate your child's swimming ability:

Methu nofio/Cannot swim ☐ Gallu nofio ychydig mewn pwll nofio/Able to swim a little in a swimming pool ☐

Gallu nofio mewn pwll nofio / Able to swim confidently in a swimming pool ☐
Gallu nofio yn hyderus yn yr awyr agored / Able to swim confidently outdoors (e.g. lake, river or sea) ☐

**Eich Manylion Cyswllt/Your Contact Details**
Ffôn/Telephone:
Cartref/Home: _____ Gwaith/Work: _____ Symudol/Mobile: _____

Cyfieriad Cartref/Home Address: _____
_____

**Cyswllt Brys Arall / Alternative Emergency Contact**

Enw/Name: _____ Ffôn/ Telephone:

_____

Cyfeiriad/Address: _____

**Meddyg Teulu/Family Doctor**

Enw/Name: _____Ffôn/Telephone: _____

Cyfeiriad/Address: _____

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**Dileu ffioedd/Remission of fees**

**Lleoliadau Cymwys/Eligible Venues:**

1. Nant Bwlch yr Haearn
2. Pentrellyncymer
3. Canolfannau Preswyl yr Urdd residential Centres at Glan-llyn, Llangrannog and Wales Millennium Centre.

I fod yn gymwys ar gyfer dileu ffioedd rhaid eich bod yn derbyn un o'r canlynol / To qualify for remission of fees you must be in receipt of one of the following:

- **Cymhorthdal Incwm*/ Income Support**
- **Lwfans Ceisio Gwaith yn Seiliedig ar Incwm* / Income-Based Jobseeker's Allowance*;**
- **Credyd Treth Plant** ar yr amod **nad** oes ganddynt hawl i Gredyd Treth Gwaith a bod ganddynt incwm cartref blynyddol, fel yr aseswyd gan Gyllid a Thollau EM nad yw'n fwy na £16,190 / **Child Tax Credit** provided they are **not** entitled to Working Tax Credit and have an annual household income, as assessed by HM Revenue & Customs that does not exceed £16,190
- **Cymorth o dan Ran VI o'r Ddeddf Lloches a Mewnfudo 1999 / Support under Part VI of the Immigration and Asylum Act 1999;**
- **Elfen Gwarant o Gredyd Pensiwn y Wladwriaeth / State Pension Credit Guarantee Element**
- **Lwfans Cyflogaeth a Chymorth yn Seiliedig ar Incwm* / Employment Support Allowance Income Related***

(*Mae disgyblion sy'n derbyn Cymhorthdal Incwm, Lwfans Ceisio Gwaith yn Seiliedig ar Incwm neu Lwfans Cyflogaeth a Chymorth yn Seiliedig ar Incwm yn eu rhinwedd eu hunain hefyd yn gymwys).
(*Pupils who receive Income Support, Income-based Jobseeker's Allowance or Employment Support Allowance Income Related in their own right are also eligible).

Confirmation of this should be provided in **one** of the following ways:

1. You can attach to this form a copy of a letter from the benefit office which contains details of your entitlement to one of the listed benefits.

2. Take your payment book or written details to the school and ask a member of the office staff, teacher or headteacher to sign this form to certify your details are correct,

**Member of staff signature:** _____ **Position:** _____

3. You may ask the Post Office where you collect your benefit to provide their official stamp in the space below:


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**Datganiad**

- Ar ôl darllen y wybodaeth am yr ymweliad, a deall lefel yr oruchwyliaeth sydd i'w darparu, rwy'n cytuno i'm plentyn gymryd rhan yn yr ymweliad a'r gweithgareddau a ddisgrifir.
- Rwy'n deall y cymerir pob gofal rhesymol o'm plentyn yn ystod yr ymweliad/gweithgaredd ac y bydd ef/hi o dan rwymedigaeth i ufuddhau i'r holl gyfarwyddiadau a roddir a dilyn yr holl reolau a rheoliadau sy'n gysylltiedig â'r ymweliad/gweithgaredd.
- Rwy'n deall y cod ymddygiad ar gyfer yr ymweliad a'r cosbau y gellir eu defnyddio os bydd fy mhlentyn yn torri'r cod ymddygiad hwn. Rwyf wedi trafod y cod ymddygiad a'r sancsiynau gyda fy mhlentyn.
- Rwy'n deall, os yw fy mhlentyn yn camymddwyn yn ddifrifol neu'n achosi perygl iddo'i hun neu i eraill, y gellir gofyn i mi ddod i'w nôl ef/hi neu gellir dod ag ef/hi adref yn gynnar o'r ymweliad/gweithgaredd. Mewn sefyllfa o'r fath ni fydd unrhyw rwymedigaeth ar yr ysgol/canolfan i ad-dalu unrhyw arian.
- Mewn argyfwng rwy'n cytuno i'm mab/merch dderbyn meddyginiaeth ac unrhyw driniaeth ddeintyddol, feddygol neu lawfeddygol frys, gan gynnwys anesthetig neu drallwysiad gwaed, fel yr ystyrir yn angenrheidiol gan yr awdurdodau meddygol sy'n bresennol.
- Rwy'n deall cwmpas a chyfyngiadau'r yswiriant a ddarperir.

**Declaration**

- Having read the information about the visit, and having understood the level of supervision to be provided, I agree to my child taking part in the visit and activities described.
- I understand that all reasonable care will be taken of my child during the visit/activity and that he/she will be under an obligation to obey all directions and instructions given and observe all rules and regulations governing the visit/activity.
- I understand the code of conduct for the visit and the sanctions that may be used if my child breaks this code of conduct. I have discussed the code of conduct and sanctions with my child.
- I understand that if my child seriously misbehaves or is a cause of danger to him/herself or to others, then I may be asked to collect him/her or he/she may be brought home early from the visit/activity. In such a situation there will be no obligation on the school/centre to refund any money.
- In an emergency I agree to my son/daughter receiving medication and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.
- I understand the extent and limitations of the insurance cover provided.

**ENW LLAWN Y RHIANT NEU OFALWR** (printiwch os gwelwch yn dda):
**FULL NAME OF PARENT OR CARER** (print please):

_____

**LLOFNOD/SIGNED:** _____

**DYDDIAD/DATE:** _____


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