

Dewis Rhieni o ADDYSG GYNRADD

Llenwch y ffurflen hon a'i dychwelyd i:
Gwasanaeth Eiddo a Rheoli Safle Addysg,
Gwasanaethau Addysg,
Blwch Post 1, Conwy, LL30 9GN
(Ffôn 01492 575592)



Neu gwnewch gais ar lein ar www.conwy.gov.uk/derbyniadau

Mae'n rhaid dychwelyd y ffurflen erbyn: 20/11/2020

Mae'n bwysig eich bod yn darllen Dogfen Ysgolion a Gwasanaethau Addysg Conwy cyn llenwi'r ffurflen hon. Defnyddir yr wybodaeth a roddir gennych i ddyrannu lle mewn ysgol ar gyfer eich plentyn. Mae'r ddogfen hon ar gael ar wefan Conwy. Sylwer y gellir gofyn am brawf o gyfeiriad.

MANYLION Y PLENTYN

| | | | | | |
|------------------------------------|--|-----------------------|--------------|--|--------------|
| Cyfenw | | Enw(au) Cyntaf | | | |
| Dyddiad Geni | | Rhyw (Ticiwch) | Gwryw | | Benyw |
| Cyfeiriad Parhaol y Plentyn | | | | | |
| Rhif Ffôn | | | | | |
| Ysgol Bresennol | | | | | |

YSGOL(ION) DEWISOL

| | | | | | |
|----------------------|--|--|--|--|--|
| Dewis Cyntaf | | | | | |
| Ail Ddewis | | | | | |
| Trydydd Dewis | | | | | |

PLENTYN MEWN GOFAL

| | |
|---|--|
| Ydy'r plentyn mewn Gofal? (gofal Awdurdod Lleol) | Enw'r Rhiant Corfforaethol (Awdurdod Lleol) |
| | |

Datganiad o anghenion addysgol arbennig

Oes gan y plentyn ddatganiad o anghenion addysgol arbennig?

BRODYR NEU CHWIORYDD

Darparwch fanylion brodyr neu chwiorydd o oedran ysgol sy'n mynychu unrhyw un o'r ysgolion uchod yng Nghonwy

| Enw | Dyddiad Geni | Ysgol Bresennol |
|------------|---------------------|------------------------|
| | | |

MANYLION RHIENI (sawl sydd â chyfrifoldeb rhiant)

| | |
|---------------------------------|---|
| Teitl (Mr, Mrs, Ms.....) | Enw Llawn |
| Cyfeiriad: | (Ticiwch yma os yw yr un cyfeiriad â'r plentyn) <input type="checkbox"/> |
| Cod Post | |
| Rhif(au) Ffôn | Cyfeiriad E-bost |

Perthynas â'r plentyn

Tystiaf fod gennyf gyfrifoldeb rhiant dros y plentyn a enwyd uchod a bod pawb sydd â chyfrifoldeb rhiant wedi cytuno i'r cais hwn. Rwy'n cadarnhau bod yr wybodaeth rwyf wedi'i roi ar y ffurflen hon yn gywir hyd eithaf fy ngwybodaeth. Rwy'n deall y gallai rhoi gwybodaeth anghywir neu fwriadol gamarweiniol arwain at dynnu'r cynnig o le yn yr ysgol yn ôl.

Llofnodwyd gan y Rhiant -----Dyddiad-----

Bydd gwybodaeth bersonol yn cael ei gadw a'i brosesu gan yr Awdurdod Lleol at ddibenion a welir yn yr Hysbysiad Preifatrwydd, Gwasanaethau Addysg yr Awdurdod Lleol ac yn unol â darpariaethau Rheoliadau Diogelu Data Cyffredinol (GDPR). Gall gwybodaeth bersonol a ddarparwyd gael ei rannu â thrydydd parti yn ôl yr angen er mwyn gwirio'r wybodaeth, atal neu ganfod trosedd a/neu er mwyn cyflawni unrhyw swyddogaeth statudol neu weinyddol neu fel sy'n ofynnol gan y gyfraith. Am gopi o'r Hysbysiad Preifatrwydd, cysylltwch â Gwasanaethau Addysg Awdurdod Lleol Conwy.

Parental Preference for PRIMARY SCHOOL Admission

Please complete this form and return to:
Education Property & Site Management Service,
Education Services,
PO Box 1, Conwy, LL30 9GN
(Telephone 01492 575592)
Or apply online at www.conwy.gov.uk/admissions
Form must be returned by: 20/11/2020



It is important that you read the Conwy Schools and Education Services Document before completing this form. This document is available on the Conwy website. The information you give will be used to allocate a school place for your child. Please note that proof of address may be required.

CHILD'S DETAILS

| | | | | | |
|-----------------------------------|--|-----------------------------|-------------|--------------------------|---------------|
| Surname | | Forename(s) | | | |
| Date of Birth | | Gender (Please tick) | Male | <input type="checkbox"/> | Female |
| Child's Permanent Address: | | | | | |
| Telephone number | | | | | |
| Current School | | | | | |

PREFERRED SCHOOLS

| | |
|--------------------------|--|
| First Preference | |
| Second Preference | |
| Third Preference | |

LOOKED AFTER CHILD

| | |
|---|---|
| Is the child a looked after child? (<i>Care of Local Authority</i>) | Name of Corporate Parent (<i>Local Authority</i>) |
|---|---|

STATEMENT OF SPECIAL EDUCATIONAL NEEDS

Does the child hold a statement of special educational needs?

SIBLINGS

Provide details of brother/sister of school age attending any of the above schools in Conwy

| Name | Date of Birth | Current School |
|-------------|----------------------|-----------------------|
| | | |

PARENT DETAILS (Person with parental responsibility)

| | |
|------------------------------|---|
| Title (Mr,Mrs,Ms...) | Full Name |
| Address: | (If same as child, please tick here) <input type="checkbox"/> |
| Post Code | |
| Telephone number(s) | E-mail Address |
| Relationship to child | |

I certify that I have parental responsibility for the child named above and that all persons with parental responsibility have agreed to this application. I confirm that the information given on this form is true to the best of my knowledge. I understand that giving false or deliberately misleading information may result in the withdrawal of the offer of a school place

Signed by Parent/Carer -----Date-----

Personal information will be held and processed by the Local Authority for those purposes contained in the Local Authority Education Service's Privacy Notice, and in accordance with the provisions of the General Data Protection Regulation (GDPR). Personal information provided may be shared with third parties as and when necessary in order to verify the information, for the prevention or detection of crime and/or for the purposes of discharging any statutory or administrative function as required by law. For a copy of the Privacy Notice, contact Conwy Local Authority Education Service