



Wyong High School

PO BOX 406 53 Alison Road WYONG NSW 2259

Tel: 02 4353 1088 Fax: 02 4351 2591

Web: www.wyong-h.schools.nsw.edu.au



STEM Selective Taster Day – Year 6

Wyong High School is offering an exciting and innovative STEM Selective Taster Day for Year 6 students in our local region who are considering applying for the 2024 STEM Selective Program.

The STEM Selective Taster Day will be conducted on Wednesday, 29th March 2023 from 9.00am to 2.30pm. It will be held in the IT Centre at Wyong High School. The STEM Selective Taster Day will be run by talented STEM/IT teachers and selected STEM students to help develop skills and knowledge required for our STEM/IT Selective Program.

To register for the STEM Taster Day please complete the permission slip below and return by Friday 24th March, 2023 via email: wyong-h.school@det.nsw.edu.au, fax: 4351 2591 or Post: PO Box 406, WYONG NSW 2259. Alternatively, complete the form online by accessing the following website: <https://goo.gl/gmHNea>

Students who attend should bring a bottle of water, recess and lunch for the day. Parents / Caregivers are responsible for transporting the students to Wyong High School for a 9.00am start and collecting them at 2.30pm.

Please note there are limited spaces available, only the first 50 students to apply will be accepted and notified via email on Monday 27th March, 2023 of your acceptance to the STEM Taster Day.

Should you have any questions please do not hesitate to contact Mr. Mike Mangovski on Ph: 4353 1088.

✂ ✂

I give permission for my child _____ of

_____ Primary School, to attend the STEM Selective Taster Day at Wyong High School on 29th March 2023.

As a Parent / Caregiver I, _____ understand that I am responsible for transport to and from Wyong High School and will have my child at the school for a 9.00am start and will collect my child at the conclusion of the day at 2.30pm from the Wyong High School IT Centre.

Name of Parent / Caregiver: _____ Signature of Parent / Caregiver: _____ Date: _____

Mobile Number: _____ Email: _____

Emergency Contact 1 Name: _____ Mobile: _____

Emergency Contact 2 Name: _____ Mobile: _____

Relevant medical information (if required): _____

Please tick if applicable:

☐ *My child is anaphylactic*

☐ *Student carries their own EpiPen*

Please return to wyong-h.school@det.nsw.edu.au fax: 4351 2591 or Post: PO Box 406, WYONG NSW 2259 by 24th March, 2023.