



Wyong High School

53 Alison Road WYONG NSW 2259

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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 2026 STEM Selective Program.

The STEM Selective Taster Day will be conducted on Wednesday, 2nd April 2025 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 teachers and selected STEM students to help develop skills and knowledge required for our STEM Selective Program.

To register for the STEM Taster Day please complete the permission slip below and return by Wednesday 26th March, 2025 via email: wyong-h.school@det.nsw.edu.au or Post: PO Box 406, WYONG NSW 2259. Alternatively, complete the form online by accessing the following website: <https://forms.gle/QXGP27xY6CgG4DYN6>

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 60 students to apply will be accepted and notified via email on Thursday 27th March, 2025 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 2nd April 2025.

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: _____

Name of person collecting student: _____ Mobile: _____

Emergency Contact 1 Name: _____ Mobile: _____

Relevant medical information (if required): _____

Please tick response/s:

- I give permission for the school/Department of Education to publish information about my child in publicly accessible communications.
- 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 26th March, 2025.