



# 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 2025 STEM Selective Program.

The STEM Selective Taster Day will be conducted on Wednesday, 3<sup>rd</sup> April 2024 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 Wednesday 27<sup>th</sup> March, 2024 via email: [wyong-h.school@det.nsw.edu.au](mailto: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 28<sup>th</sup> March, 2024 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 3<sup>rd</sup> April 2024.

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: \_\_\_\_\_

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](mailto:wyong-h.school@det.nsw.edu.au) fax: 4351 2591 or Post: PO Box 406, WYONG NSW 2259 by 24th March, 2023.*