



# 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](http://www.wyong-h.schools.nsw.edu.au)



## Information Technology Taster Day – Year 6

Wyong High School is offering an exciting and innovative IT Taster Day for Year 6 students in our local region.

The Taster Day will be conducted on Wednesday 18<sup>th</sup> March, 2020 from 9.00am to 2.30pm. It will be held in the IT Centre at Wyong High School. The IT Taster Day will be run by talented IT teachers and selected IT students to help develop skills and knowledge required for High School.

To register for the IT Taster Day please complete the permission slip below and return by Friday 13<sup>th</sup> March, 2020 via email: [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. 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 60 students to apply will be accepted and notified via email on Monday March 16<sup>th</sup>, 2020 of your acceptance to the IT Taster Day.

Should you have any questions please do not hesitate to contact Wyong High School on Ph: 4353 1088.

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I give permission for my child \_\_\_\_\_ of \_\_\_\_\_ Public School, to attend the IT Taster Day at Wyong High on 18<sup>th</sup> March, 2020.

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 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](mailto:wyong-h.school@det.nsw.edu.au) fax: 4351 2591 or  
Post: PO Box 406, WYONG NSW 2259 by March 13<sup>th</sup> 2020**