



WONDER OF SCIENCE PROGRAM 2017 SCHOOL INVOLVEMENT FORM

Name of School:

School phone number:

Contact Name:

(The best person for Wonder of Science to contact e.g. HOC or Deputy Principal for Primary schools and Science HOD for Secondary schools)

Contact's Email Address:

Contact's Phone Number:

Please indicate which year levels will be participating in the Wonder of Science program:

Year 5 - WoS topic or teacher nominated topic

Year 6 - WoS topic or teacher nominated topic

Year 7 - WoS topic or teacher nominated topic

Year 8 - WoS topic or teacher nominated topic

Year 9 - WoS topic or teacher nominated topic

(NOTE: composite classes are accepted; however students need to complete a project at the year level of the oldest student in the group in order to participate at the regional student conference)

Principal's Name:

Principal's signature:

School:

RETURN TO Wonder of Science Program Manager: robyn.bull@uq.edu.au or call 0410 265 404.