

**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.