“LIFE SO FAR”

**STUDENT’S NAME:**

Insert Photo in box

# PLEASE RETURN THIS FORM AS AN ATTACHEMENT VIA REPLY EMAIL

**TO:** [Tamrah.Bartlett@education.wa.edu.au](mailto:Tamrah.Bartlett@education.wa.edu.au)

**PLEASE GLUE**

**PHOTO SPACE**

One copy will be retained in student services, a copy will be

kept by the principal and one given to your son or daughter’s mentor teacher.

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| 1. Education History (include any learning difficulties or diagnosed learning disabilities) |
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| 1. Family History/Matters |
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| 1. Personality (Strengths and areas of weakness) |
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| 1. Physical and Mental Health |
|  |
| 1. Past achievements and future aspirations |
|  |
| 1. Additional Comments |
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