



The KAUST School Parent Advisory Committee (PAC) Application for 2017/2018

Please ✓ the PAC Division you are applying for:

Kindergarten:

Elementary School:

Secondary School:

Name: _____ **Mobile Phone:** _____

Nationality: _____

Email: _____ **Home Phone:** _____

Name/s and Grade Level/s of Children at TKS:

	Name	Grade Level
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

In the space below please outline your interest in becoming a member of The KAUST School Parent Advisory Committee.
